

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # J10342

1. Entity Name

TOTAL TAX ACCOUNTING, INC.



Principal Place of Business

1628 N DALE MABEY
SUITE 112
LUTZ FL 33549-7881

Mailing Address

PO BOX 881
LUTZ FL 33549-7881

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number 59-2701578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUHLIG, LINDA K
23600 FORES VIEW DRIVE
LAND O LAKES FL 34639

7. Name and Address of New Registered Agent

Name

Street Address (P O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PST ☐ Delete
NAME HILL, J. MCGILL
STREET ADDRESS 23233 CLUB VILLA DR.
CITY-ST-ZIP LAND O LAKES FL

TITLE D ☐ Delete
NAME HILL, J. MCGILL
STREET ADDRESS 23233 CLUB VILLA DR.
CITY-ST-ZIP LAND O LAKES FL

TITLE D ☐ Delete
NAME RUHLIG, LINDA K
STREET ADDRESS 23600 FOREST VIEW DRIVE
CITY-ST-ZIP LAND O LAKES FL 34639

TITLE VPD ☐ Delete
NAME HIXSON, BRUCE
STREET ADDRESS PO BOX 915
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS UN00000232480
CITY-ST-ZIP 02/17/05-80003-006 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. McGill Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-05

(813) 949-4441

Date

Daytime Phone #