

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 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**

**DO NOT WRITE IN THIS SPACE**



03102007 No Chg-P CR2E034 (11/05)

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**

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IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	HILL, J. MCGILL
STREET ADDRESS	23233 CLUB VILLA DR.
CITY-ST-ZIP	LAND O LAKES, FL
TITLE	D
NAME	HILL, J. MCGILL
STREET ADDRESS	23233 CLUB VILLA DR.
CITY-ST-ZIP	LAND O LAKES, FL
TITLE	D
NAME	RUHLIG, LINDA K
STREET ADDRESS	23600 FOREST VIEW DRIVE
CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE	VPD
NAME	HIXSON, BRUCE
STREET ADDRESS	POB 715
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000667472  
03/26/07-80029-023 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-12-07(813)949-4441**

Date

Daytime Phone #