2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# J74974

Entity Name: FEDERATED TAX ACCOUNTING CORPORATION, INC.

Current Principal Place of Business:

212 E. NOBLE AVE.
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

212 E. NOBLE AVE.
WILLISTON, FL 32696

New Mailing Address:

P O BOX 1009
CHIEFLAND, FL 32644

FEI Number: 59-2487307 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUCHYN, HARRIETT K
212 E. NOBLE AVE.
WILLISTON, FL 32696 US

Name and Address of New Registered Agent:

KOON, PERRY F JR
6251 NE 185TH TERRACE
WILLISTON, FL 32696 US

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.

SIGNATURE: PERRY F KOON JR 04/28/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KOON, PERRY F. JR.,
Address: 6251 NE 185TH TERRACE
City-St-Zip: WILLISON, FL

Title: VD ( ) Delete
Name: KOON, RICHARD E
Address: 6251 NE 185TH TERRACE
City-St-Zip: WILLISTON, FL 32696

Title: D ( ) Delete
Name: BUCHYN, HARRIETT K.,
Address: 350 S.W. 7TH AVE.
City-St-Zip: WILLISTON, FL

Title: D ( ) Delete
Name: BEWLEY, KATHLEEN
Address: 450 SW 7TH AVE.
City-St-Zip: WILLISTON, FL

Title: VTSD ( ) Delete
Name: KOON, BEVERLY
Address: 6251 NE 185TH TERRACE
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KOON, PERRY F. JR.,
Address: 6251 NE 185TH TERRACE
City-St-Zip: WILLISTON, FL 32696

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BUCHYN, HARRIETT K.,
Address: 350 S.W. 7TH AVE.
City-St-Zip: WILLISTON, FL 32696

Title: D (X) Change ( ) Addition
Name: BEWLEY, KATHLEEN
Address: 450 SW 7TH AVE.
City-St-Zip: WILLISTON, FL 32696

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PERRY F KOON JR PD 04/28/2005
Electronic Signature of Signing Officer or Director Date