# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2007**
**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:**

P O BOX 1009
CHIEFLAND, FL 32644

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: _____

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: WILLISTON, FL 32696

Title: VD ( ) Delete
Name: KOON, RICHARD E
Address: 624 SW 7TH AVE
City-St-Zip: WILLISTON, FL 32696

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 04/27/2007

Electronic Signature of Signing Officer or Director — Date