

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # K17303**

1. Entity Name  
TAX-PRO ENTERPRISES, INC.



Principal Place of Business  
1940 10TH AVENUE, STE C  
VERO BEACH, FL 32906

Mailing Address  
1810 10TH AVENUE, STE C  
VERO BEACH, FL 32960-6458



04292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0038033

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOFF, JAMES TERRELL  
1940 10TH AVENUE, STE C  
VERO BEACH, FL 32906

**DO NOT WRITE  
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000942756  
05/29/08-80030-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOFF, JAMES TERRELL
STREET ADDRESS	3555 MARTHAS LANE
CITY- ST- ZIP	VERO BEACH, FL 32967
TITLE	D
NAME	GOFF, LUCILLE F.
STREET ADDRESS	3555 MARTHAS LANE
CITY- ST- ZIP	VERO BEACH, FL 32967
TITLE	VP
NAME	REDSTONE, PAUL C.
STREET ADDRESS	806 43RD AVE
CITY- ST- ZIP	VERO BEACH, FL 32960
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
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: J. Goff  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-08

Date Daytime Phone #