

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT #L26915

1. Entity Name
FEINSTEIN TAX & ACCOUNTING, INC.



Principal Place of Business

% MONICA FEINSTEIN
13180 N CLEVELAND AVE SUITE 218
FT MYERS, FL 33903

Mailing Address

% MONICA FEINSTEIN
13180 N CLEVELAND AVE SUITE 218
FT MYERS, FL 33903



04182008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0153233

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FEINSTEIN, MONICA
13180 N CLEVELAND AVE SUITE 218
FT MYERS, FL 33903

**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**

000000915752
05/09/08-80027-022 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
FEINSTEIN, MONICA
446 SW 6TH ST
CAPE CORAL, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
FEINSTEIN, MONICA
446 SW 6TH ST
CAPE CORAL, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Monica Feinstein **Monica L. Feinstein** 4-19-08 239-995-0016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #