2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L74256

City-St-Zip:

FILED Apr 07, 2005 Secretary of State

Entity Name: FLORIDA TAX INSTITUTE, INC.	
Current Principal Place of Business:	New Principal Place of Business:
1635 S RIDGEWOOD AVE STE 213 SOUTH DAYTONA. FL 32119	
Current Mailing Address:	New Mailing Address:
1635 S RIDGEWOOD AVE STE 213 SOUTH DAYTONA, FL 32119	
FEI Number: 59-3010302 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired (X)
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
RHYNARD, M. A. 515 S RIDGEWOOD AVE DAYTONA BEACH, FL 32114 US	
The above named entity submits this statement for the in the State of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered A	gent Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: PD () Delete	Title: PD (Y) Change () Addition

(X) Change () Addition KELLER, JOHN W., CROSS, LAWRENCE L Name: Name: 1635 S RIDGEWOOD AVE 1635 S RIDGEWOOD AVE, #213 Address: Address: City-St-Zip: SOUTH DAYTONA, FL 32119 City-St-Zip: SOUTH DAYTONA, FL 32119 Title: () Delete Title: (X) Change () Addition RHYNARD, M A RHYNARD, M A Name: Name: Address: 515 S RIDGEWOOD AVENUE Address: 515 S RIDGEWOOD AVENUE DAYTONA BCH, FL 32114 DAYTONA BCH, FL 32114 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition Name: Name: KELLER, JOHN W Address Address: 1635 S. RIDGEWOOD AVE #213

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.

City-St-Zip:

S. DAYTONA, FL 32119

SIGNATURE: LAWRENCE L. CROSS PD 04/07/2005