

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # L74256

1. Entity Name

FLORIDA TAX INSTITUTE, INC.



FILED
Mar 24, 2008 08:00 A
Secretary of State

Principal Place of Business

1635 S RIDGEWOOD AVE
STE 213
SOUTH DAYTONA FL 32119

Mailing Address

1635 S RIDGEWOOD AVE
STE 213
SOUTH DAYTONA FL 32119



1st MOORE

CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3010302

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RHYNARD, M. A.
515 S RIDGEWOOD AVE
DAYTONA BEACH FL 32114

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 state if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME CROSS, LAWRENCE L
STREET ADDRESS 1635 S RIDGEWOOD AVE, #213
CITY-ST-ZIP SOUTH DAYTONA FL 32119

TITLE ☐ Change ☐ Addition
NAME 000000866876
STREET ADDRESS 04/08/08-80047-021 150.00
CITY-ST-ZIP

TITLE SEC ☐ Delete
NAME RHYNARD, M A
STREET ADDRESS 515 S RIDGEWOOD AVENUE
CITY-ST-ZIP DAYTONA BCH FL 32114

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME KELLER, JOHN W
STREET ADDRESS 1635 S. RIDGEWOOD AVE #213
CITY-ST-ZIP S. DAYTONA FL 32119

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Lawrence L Cross President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/08

386-322-6338

Date

Daytime Phone #