

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M98780

FILED
Jan 19, 2009
Secretary of State

Entity Name: TAPP ACCOUNTING SERVICE, INC.

Current Principal Place of Business:

3558 E CITRUS AVENUE
CRYSTAL RIVER, FL 34428

New Principal Place of Business:

3558 N CITRUS AVENUE
CRYSTAL RIVER, FL 34428

Current Mailing Address:

PO BOX 1114
CRYSTAL RIVER, FL 34423 US

New Mailing Address:

FEI Number: 59-2906748 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAPP, NANCY J.
3558 E CITRUS AVENUE
CRYSTAL RIVER, FL 34428 US

Name and Address of New Registered Agent:

TAPP, NANCY J.
3558 N CITRUS AVENUE
CRYSTAL RIVER, FL 34428 US

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:

01/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TAPP, NANCY J.
Address: PO BOX 1114
City-St-Zip: CRYSTAL RIVER, FL 34423

Title: ST () Delete
Name: TAPP, KELLY D
Address: P.O. BOX 1114
City-St-Zip: CRYSTAL RIVER, FL 34423

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: NANCY J TAPP

PRES

01/19/2009

Electronic Signature of Signing Officer or Director

Date