

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000007477

FILED
Apr 25, 2005
Secretary of State

Entity Name: ROBERT D. RESPESS TAX & ACCOUNTING SERVICE, P.A.

Current Principal Place of Business:

25355 W. NEWBERRY RD.
NEWBERRY, FL 326691439

New Principal Place of Business:

25355 W. NEWBERRY RD.
NEWBERRY, FL 32669 US

Current Mailing Address:

P.O. BOX 1439
NEWBERRY, FL 326691439

New Mailing Address:

P.O. BOX 1439
NEWBERRY, FL 326691439 US

FEI Number: 59-3623841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESPESS, ROBERT D
25355 W. NEWBERRY RD.
NEWBERRY, FL 326691439 US

Name and Address of New Registered Agent:

RESPESS, ROBERT D
25355 W. NEWBERRY RD.
NEWBERRY, FL 32669 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: _____

Electronic Signature of Registered Agent

04/25/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RESPESS, ROBERT D
Address: 25355 W. NEWBERRY RD.
City-St-Zip: NEWBERRY, FL 326691439

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RESPESS, ROBERT D
Address: 25355 W. NEWBERRY RD.
City-St-Zip: NEWBERRY, FL 32669 US

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.

SIGNATURE: ROBERT D RESPESS

D

04/25/2005

Electronic Signature of Signing Officer or Director

Date