

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000088607

FILED
Jan 23, 2008
Secretary of State

Entity Name: ASAP ACCOUNTING AND TAX SPECIALISTS INC.

Current Principal Place of Business:

13180 N. CLEVELAND AVE., SUITE 305
N. FT. MYERS, FL 33903

New Principal Place of Business:

4720 SE 15TH AVE
SUITE 204
CAPE CORAL, FL 33904

Current Mailing Address:

13180 N. CLEVELAND AVE., SUITE 305
N. FT. MYERS, FL 33903

New Mailing Address:

4720 SE 15TH AVE
SUITE 204
CAPE CORAL, FL 33904

FEI Number: 65-1040666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, DONNA L
13180 N. CLEVELAND AVE., SUITE 305
N. FT. MYERS, FL 33903 US

Name and Address of New Registered Agent:

WILLIAMS, DONNA L
4720 SE 15TH AVENUE
SUITE 204
CAPE CORAL, FL 33904 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:

01/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, DONNA L
Address: 1238 SW 4TH AVE.
City-St-Zip: CAPE CORAL, FL 33991

Title: VP () Delete
Name: WILLIAMS, RODNEY
Address: 1238 SW 4TH AVE.
City-St-Zip: CAPE CORAL, FL 33991

Title: S () Delete
Name: BARBOUR, NICOLE
Address: 1238 SW 4TH AVE.
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONNA WILLIAMS

P

01/23/2008

Electronic Signature of Signing Officer or Director

Date