

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90207 011 ***150.00

DOCUMENT # P01000069137 1. Entity Name D&K QUALITY ACCOUNTING & TAX SERVICES, INC.					
Principal Place of Business 2335 J 63RD AVE E STE J BRADENTON, FL 34203			Mailing Address 2335 J 63RD AVE E STE J BRADENTON, FL 34203		
2. Principal Place of Business - No P.O. Box # 710 60 TH ST. CT. E		3. Mailing Address 710 60 TH ST. CT. E			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State BRADENTON, FL		City & State BRADENTON, FL		4. FEI Number 36-4457079	
Zip 34208		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 34208		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HECKMAN, DONALD H 7208 CEDAR HOLLOW CIRCLE BRADENTON, FL 34203				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HECKMAN, DONALD H 7208 CEDAR HOLLOW CIRCLE BRADENTON, FL 34203	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HECKMAN, KATKLEEN T 7208 CEDAR HOLLOW CIRCLE BRADENTON, FL 34203	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HECKMAN, DAVID A 4135 STONEGATE CT FT COLLINS, CO	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HECKMAN, TODD R 7208 CEDAR HOLLOW CIRCLE BRADENTON, FL 34203	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HECKMAN, BRIAN C 10313 LIGHTNER BRIDGE RD. TAMPA, FL 33626	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Donald H. Heckman</i>			3/1/08 946-745-1214		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		