2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# P01000080600

Entity Name: PROFESSIONAL TAX CONSULTANTS, INC.

Current Principal Place of Business:

112 AVE E SW
WINTER HAVEN, FL 33880

New Principal Place of Business:

314 AVENUE K SE
WINTER HAVEN, FL 33880

Current Mailing Address:

PO BOX 7166
WINTER HAVEN, FL 33883

New Mailing Address:

FEI Number: 59-3741737 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YOST, RONALD A
411 SUWANNEE RD SE
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

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 — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: YOST, RONALD A
Address: 411 SUWANNEE RD SE
City-St-Zip: WINTER HAVEN, FL 33884

Title: P ( ) Delete
Name: NELSON, KARIN
Address: 236 HERNANDO RD SE
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP ( ) Delete
Name: BEAVER, NORMA J
Address: 350 GREENFIELD RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP ( ) Delete
Name: BAUERLE, MARY ANN
Address: 828 WOODMONT LN
City-St-Zip: LAKELAND, FL 33813

Title: S ( ) Delete
Name: DAVIS, CHARLOTTE O
Address: 1109 HALLAMWOOD CT
City-St-Zip: LAKELAND, FL 33813

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:

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: RONALD A YOST T 04/20/2009

Electronic Signature of Signing Officer or Director — Date