

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 30, 2008 08:00 AM
Secretary of State**

DOCUMENT # P01000083662		
1. Entity Name STEPHEN C. YAGER - TAX & ACCOUNTING SERVICE, INC.		
Principal Place of Business 805 S. MAGNOLIA AVE STE #D OCALA, FL 34474	Mailing Address P.O. BOX 1869 INVERNESS, FL 34451	



DO NOT WRITE IN THIS SPACE

03122008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3740333	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

YAGER, STEPHEN C
805 S. MAGNOLIA AVE STE #D
OCALA, FL 34474

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when renaming)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

0000000933865
05/23/08 30009-007-150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME YAGER, STEPHEN C
STREET ADDRESS PO BOX 1869
CITY-ST-ZIP INVERNESS, FL 34451

TITLE S
NAME ANGSTEN, SHARON J
STREET ADDRESS PO BOX 1869
CITY-ST-ZIP INVERNESS, FL 34451

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IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #