

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000104179

FILED
Feb 15, 2005
Secretary of State

Entity Name: XPRESS TAX SERVICES OF BREVARD, INC.

Current Principal Place of Business:

408 N HARBOR CITY BLVD
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 100987
PALM BAY, FL 32910

New Mailing Address:

FEI Number: 59-3753274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPENCER, ANTHONY G
408 N HARBOR CITY BOULEVARD
MELBOURNE, FL 32935 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: D () Delete
Name: SPENCER, ANTHONY G
Address: 3043 TAZEWELL AVENUE, SE
City-St-Zip: PALM BAY, FL 32909

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: O () Change (X) Addition
Name: SPENCER, SHARON
Address: 3043 TAZEWELL AVE SE
City-St-Zip: PALM BAY, FL 32909

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: ANTHONY G. SPENCER

D

02/15/2005

Electronic Signature of Signing Officer or Director

Date