


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 27, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000000643	
1. Entity Name BASKIN TAX ACCOUNTING INC.	

Principal Place of Business 304 E. BAKER ST A PLANT CITY, FL 33563	Mailing Address PO BOX 1737 PLANT CITY, FL 33564
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**DO NOT WRITE IN THIS SPACE**



04222005 No Chg-P CR2E034 (10/03)

4. FEI Number 80-0004494	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  WARF, MACK 802 E BAKER ST #1 PLANT CITY, FL 33566
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

000000337224  
04/27/05-80160-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BATEMAN, BARBARA 802 E BAKER ST #1 PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WARF, MACK 802 E BAKER ST #1 PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Barbara Bateman Barbara Bateman 4/22/05 8137520253  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #