

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000000643

FILED
Apr 24, 2007
Secretary of State

Entity Name: BASKIN TAX ACCOUNTING INC.

Current Principal Place of Business:

504 E. BAKER ST
W
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

PO BOX 1737
PLANT CITY, FL 33564

New Mailing Address:

FEI Number: 80-0004494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARF, MARLEN E
504 E BAKER ST
W
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

WARF, MARLEN E
504 E BAKER ST
3
PLANT CITY, FL 33563 US

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:

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BATEMAN, BARBARA
Address: 504 E BAKER ST
City-St-Zip: PLANT CITY, FL 33563

Title: VS () Delete
Name: WARF, MARLENE
Address: 504 E BAKER ST
City-St-Zip: PLANT CITY, FL 33563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BATEMAN, BARBARA
Address: 504 E BAKER ST
City-St-Zip: PLANT CITY, FL 33563

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARLENE WARF

VP

04/24/2007

Electronic Signature of Signing Officer or Director

Date