


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000049422
 1. Entity Name
THE TAX DOCTOR OF CENTRAL FLORIDA, INC.



Principal Place of Business: **771 SW SOUTH MACEDO BLVD
 PORT ST LUCIE FL 34983**
 Mailing Address: **771 SW SOUTH MACEDO BLVD
 PORT ST LUCIE FL 34983**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number: **04-3639930**
 Applied for: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SIMPSON, JAMES
 771 SW SOUTH MACEDO BLVD
 PORT ST LUCIE FL 34983**

7. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SIMPSON, JAMES C		NAME: _____	
STREET ADDRESS: 771 S.W. SOUTH MACEDO BLVD.		STREET ADDRESS: _____	
CITY-ST-ZIP: PORT SAINT LUCIE FL 34983		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	

U00000497991
 04/22/06-80078-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ **4-6-06 (772) 873-1818**