


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2008 08:00 AM
Secretary of State

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




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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc Suite, Apt. #, etc

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/07)
 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's signature required when constituting)
 _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SIMPSON, JAMES C	
STREET ADDRESS	771 S.W. SOUTH MACEDO BLVD.	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000849639	
STREET ADDRESS	03/21/08-80029-003 150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 an officer like empowered.

SIGNATURE:  **3-6-08** **(772) 893-1888**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, mo, Year