

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000049422

FILED
Jun 08, 2009
Secretary of State

Entity Name: THE TAX DOCTOR OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

771 SW SOUTH MACEDO BLVD
PORT ST LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

771 SW SOUTH MACEDO BLVD
PORT ST LUCIE, FL 34983

New Mailing Address:

FEI Number: 04-3639930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIMPSON, JAMES C
Address: 771 S.W. SOUTH MACEDO BLVD.
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: JAMES C, SIMPSON

P

06/08/2009

Electronic Signature of Signing Officer or Director

_____ Date