

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000050900

Entity Name: DEATH AND TAXES, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

2910 GARDEN STREET
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

6650 CRENSHAW DRIVE
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 43-1965390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEGAL, LESTER E
6650 CRENSHAW DRIVE
ORLANDO, FL 32835 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SEGAL, LESTER E
Address: 6650 CRENSHAW DRIVE
City-St-Zip: ORLANDO, FL 32845

Title: D () Delete
Name: TYNDALL, MICHAEL A
Address: 2910 GARDEN ST
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SEGAL, LESTER E
Address: 6650 CRENSHAW DRIVE
City-St-Zip: ORLANDO, FL 32845

Title: VP (X) Change () Addition
Name: TYNDALL, MICHAEL A
Address: 2910 GARDEN ST
City-St-Zip: TITUSVILLE, FL 32796

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: LESTER SEGAL

P

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date