2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000066134

FILED May 21, 2009 Secretary of State

Entity Nai	me: FLORIDA	'S TAX SAVERS, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
17179 BOI PORT CH	NNIE AVE ARLOTTE, FL	33954			
Current Mailing Address:			New Mailing Address:		
17179 BOI PORT CH	NNIE AVE ARLOTTE, FL	33954			
FEI Number:	: 03-0467006	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
REUTER, CHERYL A 23331 LEHIGH AVENUE PORT CHARLOTTE, FL 33954 US			WILSON, BETH A 17179 BONNIE AVE PORT CHARLOTTE, F		
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: BETH A WILSON				05/21/2009	
	Electron	nic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	REUTER, CHE 23331 LEHIGH		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WILSON, BETH 17362 IAGO AV		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: BETH A WILSON DP 05/21/2009