

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000096554

FILED
Apr 28, 2009
Secretary of State

Entity Name: STRUCTURAL PLAN SERVICE, INC.

Current Principal Place of Business:

531 SOUTH SR 434
SUITE 2001
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

1053 MAITLAND CENTER COMMONS BLVD
MAITLAND, FL 32751 US

Current Mailing Address:

531 SOUTH SR 434
SUITE 2001
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

1053 MAITLAND CENTER COMMONS BLVD
MAITLAND, FL 32751 US

FEI Number: 54-2072657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROFESSIONAL ACCOUNTANTS & CONSULTANTS INC
2471 E SEMORAN BLVD
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

TAX CARE INC
2471 E SEMORAN BLVD
APOPKA, FL 32703 US

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: TAX CARE INC

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: CAIAZZA, PATRICK
Address: 236 WOODLAKE DRIVE
City-St-Zip: MAITLAND, FL 32751 US

Title: VP () Delete
Name: EHLERS, KEN
Address: 6034 FALCON BRIDGE DRIVE
City-St-Zip: MT. DORA, FL 32757 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: PATRICK CAIAZZA

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date