

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000113836

FILED
Apr 20, 2004
Secretary of State

Entity Name: DACRES & DUNBAR TAX SERVICE, INC.

Current Principal Place of Business:

5999 NW 18TH COURT
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

5999 NW 18TH COURT
SUNRISE, FL 33313

New Mailing Address:

FEI Number: 41-2069345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNBAR, ALICIA
2123 CHAMPIONS WAY
NORTH LAUDERDALE, FL 33068 US

Name and Address of New Registered Agent:

DUNBAR, ALICIA
2674 NW 68TH WAY
SUNRISE, FL 33313 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: _____

Electronic Signature of Registered Agent

04/20/2004

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DACRES, CLAUDETTE
Address: 5999 NW 18TH COURT
City-St-Zip: SUNRISE, FL 33313

Title: D () Delete
Name: DUNBAR, ALICIA
Address: 2123 CHAMPIONS WAY
City-St-Zip: NORTH LAUDERDALE, FL 33068

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 for the exemption stated in Section 119.07(3)(i), 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: CLAUDETTE DACRES

PRES

04/20/2004

Electronic Signature of Signing Officer or Director

Date