


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90646 019 \*\*\*150.00

<b>DOCUMENT # P02000127059</b> 1. Entity Name <b>TAX FACTS INC</b>					
Principal Place of Business <b>6437 CENTRAL AVE. ST. PETERSBURG, FL 33732</b>			Mailing Address <b>6437 CENTRAL AVE. ST. PETERSBURG, FL 33732</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>16-1645554</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04072004    Chg-P    CR2E034 (10/03)	
<b>6. Name and Address of Current Registered Agent</b>  <b>FAULKNER, CINDI L 3690 45TH ST. N ST. PETERSBURG, FL 33713</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P. O. Box Number is Not Acceptable) <b>5124 NORTH RIDGE ST. N</b> City <b>ST. PETERSBURG</b> <b>FL</b> Zip Code <b>33709</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAULKNER, CINDI L 3690 45TH ST. N ST. PETERSBURG, FL 33713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5124 NORTH RIDGE ST N ST. PETERSBURG FL 33709	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Cindi Faulkner</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/8/04</u> <u>227-381-1742</u> <small>Date      Daytime Phone #</small>		