

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90049 035 ***150.00

DOCUMENT # P03000001971

1. Entity Name

ADVANCED ACCOUNTING & TAX CORP.



Principal Place of Business

**40948 US HIGHWAY 19 N
TARPON SPRINGS FL 34689**

Mailing Address

**3338 CHAUNCY RD
HOLIDAY FL 34691-3347**



2. Principal Place of Business

1336 ALT 19 N

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

HOLIDAY, FL

City & State

HOLIDAY, FL

4. FEI Number

03-0503548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DELGADO, HECTOR
3338 CHAUNCY RD
HOLIDAY FL 34691-3347**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **DELGADO, HECTOR**
CITY-ST-ZIP **40427 US HWY 19 N
TARPON SPRINGS FL 34689**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **DELGADO, HECTOR JR**
CITY-ST-ZIP **15929 SAUSALITO CIR.
CLERMONT FL 34711**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **DELGADO, ANGEL A**
CITY-ST-ZIP **6033 9TH AVE.
NEW PORT RICHEY FL 34653**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **DELGADO, HECTOR**
CITY-ST-ZIP **40427 US HWY 19 N
TARPON SPRINGS FL 34689**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3338 CHAUNCY RD**
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS **3338 CHAUNCY RD**
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/06 (727)943-1983

Date

Daytime Phone #