

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000057574

FILED
Apr 29, 2008
Secretary of State

Entity Name: THE BOTTOM LINE TAX SERVICE INC

Current Principal Place of Business:

6039 CYPRESS GARDEN BLVD #214
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

6039 CYPRESS GARDENS BLVD #214
WINTER HAVEN, FL 33888

New Mailing Address:

FEI Number: 01-0791239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENDER, ELIZABETH F
4906 WILLOWBROOK CIR
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BENDER, ELIZABETH F
Address: 4906 WILLOWBROOK CIR
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP () Delete
Name: GODWIN, CHRISTINE B
Address: 2111 AUTUMN LEAF LANE
City-St-Zip: WINTER HAVEN, FL 33884

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: ELIZABETH F BENDER

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date