


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90030 010 ***150.00

DOCUMENT # P03000071073

1. Entity Name
ACCOUNTING, LEASING & TAX SERVICES, INC.



Principal Place of Business Mailing Address

1801 S. FEDERAL HIGHWAY **1801 S. FEDERAL HIGHWAY**
STE 219 **STE 219**
DELRAY BEACH, FL 33483 **DELRAY BEACH, FL 33483**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1730 S. FEDERAL HWY **1730 S. FEDERAL HWY.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

260 **260**


City & State City & State

DELRAY BEACH, FL. **DELRAY BEACH, FL.**

Zip Country Zip Country

33483 **US** **33483** **US**

400000101



02132008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

36-4535061 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

TREMBLAY, W.J.
1801 S. FEDERAL HIGHWAY
STE 219
DELRAY BEACH, FL 33483

Name **Tremblay, W.J.**
Street Address (P.O. Box Number is Not Acceptable)
1730 S. FEDERAL HWY.
STE. 260
City **DELRAY BEACH** FL Zip Code
33483

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: *W.J. Tremblay* DATE: *02/12/08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD MARSHALL, JOHN M 8893 SADDLEWOOD DR. JONESBORO, GA 30236	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TREMBLAY, W.J. 1801 S. FEDERAL HWY STE 219 DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D TREMBLAY, W. J. 1730 S. FEDERAL HWY STE 260 DELRAY BEACH, FL. 33483		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *W.J. Tremblay* DATE: *02/14/08* Daytime Phone #: *(361) 249-6355*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR