

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000083657

FILED
Apr 22, 2009
Secretary of State

Entity Name: ACCOUNTING INSURANCE TAXES, INC.

Current Principal Place of Business:

1371 SW 12 AVENUE
POMPANO BEACH, FL 33069

New Principal Place of Business:

4404 S FLORIDA AVE.
SUITE 6B
LAKELAND, FL 33813

Current Mailing Address:

1371 SW 12 AVENUE
POMPANO BEACH, FL 33069

New Mailing Address:

4404 S FLORIDA AVE.
SUITE 6B
LAKELAND, FL 33813

FEI Number: 43-2023638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASTIN, MICHAEL D
1371 SW 12 AVENUE
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

MASTIN, MICHAEL D
4404 S FLORIDA AVE.
SUITE 6B
LAKELAND, FL 33813 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:

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MASTIN, MICHAEL D
Address: 1371 SW 12 AVENUE
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: VP () Delete
Name: MASTIN, MARY L
Address: 1371 SW 12 AVENUE
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: TREA () Delete
Name: MASTIN, MICHAEL D
Address: 1371 SW 12 AVENUE
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: SEC () Delete
Name: MASTIN, MARY L
Address: 1371 SW 12 AVENUE
City-St-Zip: POMPANO BEACH, FL 33069 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MASTIN, MICHAEL D
Address: 4404 S FLORIDA AVE. SUITE 6B
City-St-Zip: LAKELAND, FL 33813 US

Title: VP (X) Change () Addition
Name: MASTIN, MARY L
Address: 4404 S FLORIDA AVE. SUITE 6B
City-St-Zip: LAKELAND, FL 33813 US

Title: TREA (X) Change () Addition
Name: MASTIN, MICHAEL D
Address: 4404 S FLORIDA AVE. SUITE 6B
City-St-Zip: LAKELAND, FL 33813 US

Title: SEC (X) Change () Addition
Name: MASTIN, MARY L
Address: 4404 S FLORIDA AVE SUITE 6B
City-St-Zip: LAKELAND, FL 33813 US

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: MICHAEL D. MASTIN

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date