
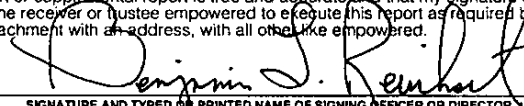


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90139 019 ***150.00

DOCUMENT # P04000001140 1. Entity Name WEST FLORIDA ACCOUNTING AND TAX SERVICE, INC.					
Principal Place of Business 28870 US HWY 19 N STE 300 CLEARWATER, FL 33761			Mailing Address 28870 US HWY 19 N STE 300 CLEARWATER, FL 33761		
2. Principal Place of Business 9402 EDENTON WAY Suite, Apt. #, etc.		3. Mailing Address 12157 W. LINBAUGH AVE. Suite, Apt. #, etc.			
City & State TAMPA, FLORIDA		City & State TAMPA, FLORIDA		4. FEI Number 20-0583222	
Zip 33626		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REINHART, CATHERINE A 1040 FAWN CT OLDSMAR, FL 34677				7. Name and Address of New Registered Agent Name REINHART, CATHERINE A. Street Address (P.O. Box Number is Not Acceptable) 9402 EDENTON WAY City TAMPA FL Zip Code 33626	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P <input type="checkbox"/> Delete NAME REINHART, BENJAMIN L STREET ADDRESS 1040 FAWN CT CITY-ST-ZIP OLDSMAR, FL 34677			TITLE P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME REINHART, BENJAMIN L. STREET ADDRESS 9402 EDENTON WAY CITY-ST-ZIP TAMPA, FL 33626		
TITLE T <input checked="" type="checkbox"/> Delete NAME ANDERSON, LAWRENCE B STREET ADDRESS 13841 JOYCE DR CITY-ST-ZIP LARGO, FL 33774			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-6-05 (813)925-0767 <small>Date Daytime Phone #</small>		
BENJAMIN L. REINHART, PRESIDENT					