

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90076 015 \*\*\*150.00

DOCUMENT # P04000038123

1. Entity Name  
D & B TAX & LIEN SVCS, INC.



Principal Place of Business  
7760 STONE HARBOUR DRIVE  
#4  
LAKE WORTH, FL 33467 US

Mailing Address  
7760 STONE HARBOUR DRIVE  
#4  
LAKE WORTH, FL 33467 US



2. Principal Place of Business  
11555 HERON BAY BLVD  
Suite, Apt. #, etc.  
Suite 200

3. Mailing Address  
11555 HERON BAY BLVD  
Suite, Apt. #, etc.  
Suite 200

02282005 Chg-P CR2E034 (10/03)

City & State  
CORAL SPRINGS FL  
Zip  
33076 Country  
US

City & State  
CORAL SPRINGS FL  
Zip  
33076 Country  
US

4. FEI Number  
200790214  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
DAHER, DEBBY  
7760 STONE HARBOUR DRIVE  
#4  
LAKE WORTH, FL 33467

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	P	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAHER, DEBBY			NAME			
STREET ADDRESS	7760 STONE HARBOUR DR. #4			STREET ADDRESS	11555 HERON BAY BLVD SUITE 200		
CITY-ST-ZIP	LAKE WORTH, FL 33467			CITY-ST-ZIP	CORAL SPRINGS, FL 33076		
TITLE	TR	<input type="checkbox"/> Delete		TITLE	TR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAHER, DEBBY			NAME	DAVID SHERMAN		
STREET ADDRESS	7760 STONE HARBOUR DR. #4			STREET ADDRESS	11555 HERON BAY BLVD SUITE 200		
CITY-ST-ZIP	LAKE WORTH, FL 33467			CITY-ST-ZIP	CORAL SPRINGS, FL 33076		
TITLE		<input type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	BRAD GLOVSKY		
STREET ADDRESS				STREET ADDRESS	11555 HERON BAY BLVD SUITE 200		
CITY-ST-ZIP				CITY-ST-ZIP	CORAL SPRINGS, FL 33076		
TITLE		<input type="checkbox"/> Delete		TITLE	SEC	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	BEIKYS SHERMAN		
STREET ADDRESS				STREET ADDRESS	11555 HERON BAY BLVD SUITE 200		
CITY-ST-ZIP				CITY-ST-ZIP	CORAL SPRINGS, FL 33076		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Debbby Daher Debbby Daher 3/1/05 4325191  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #