2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 08:00 AN Secretary of State

$D \cap C$	IIKAC	NIT #	DOM	റ വ	09870	
レしし		V 1 #	FV40	UUI	บขอเบ	

1. Entity Name

F & H TAX RESOURCE CENTER, INC.



Principal Place of Business

7650 GRANADA BLVD. MIRAMAR, FL 33023 Mailing Address

7650 GRANADA BLVD. Miramar, Fl. 33023



DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

٧.	1-2000	no ong i	0.122001 (11.	,00)
4. F	El Number			Applied For
	34-20069	03		Not Applicable
	<u>34-20069</u>	03		Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

HODGSON, WAYNE 7650 GRANADA BLVD. MIRAMAR, FL 33023

DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10. OFFICERS AND DIRE	CTORS	_							
TITLE PD NAME HODGSON, WAYNE STREET ADDRESS 7850 GRANADA BLVD. CITY-ST-ZIP MIRAMAR, FL 33023				U00000539128 05/09/06-80086-024 150.00					
TITLE VD NAME FREDERICK, ERNAN STREET ADDRESS 7650 GRANADA BLVD. CITY-ST-ZIP MIRAMAR, FL 33023				05/09/06-80086-024 150.00					
TIFLE NAME STREET AUDRESS GITY-ST-ZIP			DO	NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS									
12. I hereby certify that the information supplied with this	filing does not qualify for the exe	emptions con	tained in Chapter 119	9, 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: 6. TO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06

954-962-8774

Date

Daytime Phone #