

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P04000109870</b>	
1. Entity Name <b>F &amp; H TAX RESOURCE CENTER, INC.</b>	
Principal Place of Business <b>7650 GRANADA BLVD. MIRAMAR, FL 33023</b>	Mailing Address <b>7650 GRANADA BLVD. MIRAMAR, FL 33023</b>



04272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>34-2006903</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**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 IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**U00000744079  
05/15/07-80134-021 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HODGSON, WAYNE 7650 GRANADA BLVD. MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FREDERICK, ERNAN 7650 GRANADA BLVD. MIRAMAR, FL 33023
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**DO NOT WRITE  
IN THIS SPACE**

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** *Wayne Hodgson* **WAYNE HODGSON** **4/27/2007** **(954) 962-8774**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #