

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000143859

FILED  
Jun 01, 2006  
Secretary of State

**Entity Name:** DELIVERANCE TAX & BILLING SERVICES, INC.

**Current Principal Place of Business:**

1205 SOUTH PARK AVE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

1205 SOUTH PARK AVE  
SANFORD, FL 32771

**New Mailing Address:**

**FEI Number:** 20-1124841

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PATINA, CLAYTON T  
1788 BELL AVE  
SANFORD, FL 32771 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** CLAYTON, PATINA T  
**Address:** 1788 BELL AVE  
**City-St-Zip:** SANFORD, FL 32771

**Title:** VP ( ) Delete  
**Name:** MONTGOMERY, SHAWANA S  
**Address:** 8654 TRISTAN DR  
**City-St-Zip:** JACKSONVILLE, FL 32210

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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:** PATINA CLAYTON

P

06/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date