

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000143859

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

2435 S FRENCH AVE  
SUITE A  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

2435 S FRENCH AVE  
SUITE A  
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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: PATINA CLAYTON

P

04/30/2011

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

\_\_\_\_\_  
Date