


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90021 031 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P04000161869</b>   |  |
| <b>1. Entity Name</b><br>FREEDOM TAX SERVICE OF SOUTHWEST FLORIDA,<br>CORP |   |

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>12425 COLLIER BLVD<br>106<br>NAPLES, FL 34116 | <b>Mailing Address</b><br>12425 COLLIER BLVD<br>106<br>NAPLES, FL 34116 |
|---|---|

|   |                           |
|---|---------------------------|
| <b>2. Principal Place of Business - No P.O. Box #</b> | <b>3. Mailing Address</b> |
| Suite, Apt. #, etc.                                   | Suite, Apt. #, etc.       |

|                         |                         |
|-------------------------|-------------------------|
| <b>City &amp; State</b> | <b>City &amp; State</b> |
| Zip                     | Country                 |
| Zip                     | Country                 |

40031218



02202007 Chg-P CR2E034 (12/06)

|                                    |   |
|------------------------------------|---|
| <b>4. FEI Number</b><br>04-3800989 | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
|------------------------------------|---|

|  |                                       |
|--|---------------------------------------|
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|--|---------------------------------------|

|  |
|--|
| <b>6. Name and Address of Current Registered Agent</b> |
| RAMOS, OLGA M<br>3750 70TH AVE NE<br>NAPLES, FL 34120  |

|   |
|---|
| <b>7. Name and Address of New Registered Agent</b>                      |
| Name <u>Olga Ramos</u>  |
| Street Address (P.O. Box Number Not Acceptable) <u>3750 70th Ave NE</u> |
| City <u>Naples</u> FL <u>34120</u>                                      |

**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

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|

| 10. OFFICERS AND DIRECTORS |                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | P <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RAMOS, OLGA M                     | NAME  |   |
| STREET ADDRESS             | 3750 70TH AVE NE                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                | NAPLES, FL 34120                  | 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   |   |
| 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   |   |
| 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 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:**

Olga Ramos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/07 (239) 455-6011

Date Daytime Phone #