


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90049 020 ***158.75

DOCUMENT # P04000171753					
1. Entity Name C. T. ACCOUNTAX SERVICES, INC.					
Principal Place of Business 5232 SUNNYDALE CIRCLE SOUTH SARASOTA, FL 34233			Mailing Address 5232 SUNNYDALE CIRCLE SOUTH SARASOTA, FL 34233		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2059474	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TORRES, CHARLIE 5232 SUNNYDALE CIRCLE SOUTH SARASOTA, FL 34233			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	PRESIDENT / TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TORRES, CHARLIE		NAME		
STREET ADDRESS	5232 SUNNYDALE CIRCLE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34233		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT / SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TORRES, CHARLIE		NAME	TORRES, EVELIA M.	
STREET ADDRESS	5232 SUNNYDALE CIRCLE SOUTH		STREET ADDRESS	5232 SUNNY DALE CIRCLE SO	
CITY-ST-ZIP	SARASOTA, FL 34233		CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	TORRES, CHARLIE		NAME		
STREET ADDRESS	5232 SUNNYDALE CIRCLE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34233		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
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 exemption stated in Section 119.07(3)(i), 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: <i>Charles Torres</i>		charles TORRES		2/3/05 941-924-4992	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		President		Date Daytime Phone #	