

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

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



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2059474

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

TORRES, CHARLIE
5232 SUNNYDALE CIRCLE SOUTH
SARASOTA, FL 34233

**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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME TORRES, CHARLIE
STREET ADDRESS 5232 SUNNYDALE CIRCLE SOUTH
CITY-ST-ZIP SARASOTA, FL 34233

TITLE VS
NAME TORRES, EVELIA M
STREET ADDRESS 5232 SUNNY DALE CIRCLE SOUTH
CITY-ST-ZIP SARASOTA, FL 34233

TITLE
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CITY-ST-ZIP

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1100000392839
01/24/06-80095-010 158.75

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charlie Torres CHARLIE TORRES

1/16/06

941-
650-2027