


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000171753 1. Entity Name C. T. ACCOUNTAX SERVICES, INC.	
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Principal Place of Business 5232 SUNNYDALE CIRCLE SOUTH SARASOTA, FL 34233	Mailing Address 5232 SUNNYDALE CIRCLE SOUTH SARASOTA, FL 34233
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01112008 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 <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

TORRES, CHARLIE
 5232 SUNNYDALE CIRCLE SOUTH
 SARASOTA, FL 34233

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TORRES, CHARLIE 5232 SUNNYDALE CIRCLE SOUTH SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS TORRES, EVELIA M 5232 SUNNY DALE CIRCLE SOUTH SARASOTA, FL 34233
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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:  **CHARLIE TORRES** Date: **1/14/08** Daytime Phone #: **941-650-2027**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #