

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000002721

1. Entity Name  
PEOPLES TAX CONSULTANT, INC.



Principal Place of Business  
121 SOUTH MADISON STREET  
QUINCY, FL 32351

Mailing Address

121 SOUTH MADISON STREET  
QUINCY, FL 32351

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

FILED

2007 APR -7 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04102007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

PEOPLES, ROBERT D R.  
121 SOUTH MADISON STREET  
QUINCY, FL 32351

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

## 11.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEOPLES, ROBERT 237 NORTH LOWE STREET QUINCY, FL 32351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 04/10/07--01045--001 **333.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert Peoples*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-07

Date

Daytime Phone #