

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000014048

FILED
Feb 17, 2007
Secretary of State

Entity Name: CARLISLE ACCOUNTING AND TAX SERVICES, INC.

Current Principal Place of Business:

PO BOX 1595
PINELLAS PARK, FL 337801595

New Principal Place of Business:

6735 78TH AVE N
PINELLAS PARK, FL 337812028 US

Current Mailing Address:

PO BOX 1595
PINELLAS PARK, FL 337801595

New Mailing Address:

PO BOX 1595
PINELLAS PARK, FL 337801595 US

FEI Number: 20-2259927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLISLE, MICHAEL A
6735 78TH AVE N
PINELLAS PARK, FL 337812028 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPTS () Delete
Name: CARLISLE, MICHAEL A
Address: 6735 78TH AVE N
City-St-Zip: PINELLAS PARK, FL 337812028

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: CARLISLE, MICHAEL A
Address: 6735 78TH AVE N
City-St-Zip: PINELLAS PARK, FL 337812028 US

Title: S () Change (X) Addition
Name: CARLISLE, ANITA
Address: 6735 78TH AVE N
City-St-Zip: PINELLAS PARK, FL 337812028 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A. CARLISLE

DPT

02/17/2007

Electronic Signature of Signing Officer or Director

Date