

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000057432

1. Entity Name
GERST TAX SERVICE, INC.



Principal Place of Business
2414 RIVERBLUFF PKWY
SARASOTA, FL 34231

Mailing Address
2414 RIVERBLUFF PKWY
SARASOTA, FL 34231

FILED
Mar 13, 2008 08:00 A
Secretary of State

DO NOT WRITE IN THIS SPACE



03112008 No Chg-P CR2E034 (11/05)

4. FEI Number 41-2174363	Applied For <input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GERST, WILLIAM W
2414 RIVERBLUFF PKWY
SARASOTA, FL 34231

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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 title if applicable.

(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**

**U000000857346
03/31/08-80010-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE P
NAME GERST, ROBERT A
STREET ADDRESS 2228 RIVERBLUFF PKWY
CITY-ST-ZIP SARASOTA, FL 34231

TITLE P
NAME GERST, WILLIAM W
STREET ADDRESS 2414 RIVERBLUFF PKWY
CITY-ST-ZIP SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

3/11/08 941-921-5881
Date Daytime Phone #