

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 13, 2006 8:00 am
Secretary of State

04-24-2006 90462 041 ***150.00

DOCUMENT # P05000093679

1. Entity Name

TANGIBLE PROPERTY TAX SERVICES, INC.



Principal Place of Business

380 S. STATE ROAD 434
SUITE 1004, #399
ALTAMONTE SPRINGS FL 32714

Mailing Address

380 S. STATE ROAD 434
SUITE 1004, #399
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1257647

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required -

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

SWINDLE, SHERRI
4911 EDEN VIEW CT.
ORLANDO FL 32810

7. Name and Address of New Registered Agent

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 nominating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Sherri L Swindle
4911 Eden View Ct
Orlando FL 32810

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Sherri L Swindle Sherri L Swindle

3-6-06

407-290-6782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ATTACHMENT

66021774

Tangible Property Tax Services, Inc.

July 3, 2006

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: TANGIBLE PROPERTY TAX SERVICES, INC.
REF NUMBER: P05000093679

Dear Sir/Madame:

Attached please find the corrected copies of the documents you requested for the above reference number.

I didn't check my mailbox until June 28 and was not aware of the 30 day deadline approaching so I wanted to amend this as soon as possible and appreciate your assistance in granting me the additional response time.

Thank you for our assistance in this matter.

Sincerely,

Sherri L Swindle
Sherri L. Swindle

:ss

enclosures