

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000094239

**FILED**  
**Mar 22, 2007**  
**Secretary of State**

**Entity Name:** TAXMASTERS OF BREVARD, INC.

**Current Principal Place of Business:**

6300 N. WICKHAM RD.  
135  
MELBOURNE, FL 32940

**New Principal Place of Business:**

8085 SPYGLASS HILL RD.  
VIERA, FL 32940

**Current Mailing Address:**

6300 N. WICKHAM RD.  
135  
MELBOURNE, FL 32940

**New Mailing Address:**

8085 SPYGLASS HILL RD.  
VIERA, FL 32940

**FEI Number:** 20-3085486

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOMBARD, SHERRI  
6300 N. WICKHAM RD.  
135  
MELBOURNE, FL 32940 US

**Name and Address of New Registered Agent:**

LOMBARD, SHERRI  
8085 SPYGLASS HILL RD.  
VIERA, FL 32940 US

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: SHERRI LOMBARD

03/22/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LOMBARD, SHERRI  
Address: 5192 OUTLOOK DRIVE  
City-St-Zip: MELBOURNE, FL 32940

Title: VP ( ) Delete  
Name: LOMBARD, RALPH  
Address: 5192 OUTLOOK DRIVE  
City-St-Zip: MELBOURNE, FL 32940

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SHERRI LOMBARD

PRES

03/22/2007

Electronic Signature of Signing Officer or Director

Date