

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000099775

FILED
Oct 18, 2006
Secretary of State

Entity Name: A & B TAX AND FINANCIAL PLANNING INC.

Current Principal Place of Business:

1008 NE 7TH TERR
CAPE CORAL, FL 33909

New Principal Place of Business:

709 CAPE CORAL PKWY WEST
CAPE CORAL, FL 33914

Current Mailing Address:

1008 NE 7TH TERR
CAPE CORAL, FL 33909

New Mailing Address:

709 CAPE CORAL PKWY WEST
CAPE CORAL, FL 33914

FEI Number: 51-0546100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWAN, LAWRENCE
1008 NE 7TH TERR
CAPE CORAL, FL 33909 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: LAWRENCE SWAN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CUMMINGS, NELIDIA
Address: 30101 BALLEE HIGH DR
City-St-Zip: LAKE LAND, FL 33813

Title: D () Delete
Name: CASTRO, HECTOR
Address: 3514 SOUTHCUST BLVD
City-St-Zip: LAKE LAND, FL 33813

Title: P () Delete
Name: CALOOSSEHATCHE TAX,
Address: 1008 NE 7TH TERR
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: NELIDIA CUMMINGS

D

10/18/2006

Electronic Signature of Signing Officer or Director

Date