


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90039 006 ***150.00

DOCUMENT # P05000126099 1. Entity Name CMK TAX & BUSINESS SERVICES, INC.					
Principal Place of Business 3749 VENTURA PLACE ORLANDO, FL 32822			Mailing Address P.O. BOX 574324 ORLANDO, FL 32857		
2. Principal Place of Business - No P.O. Box # 25 Erskin Drive			3. Mailing Address Suite, Apt. #, etc.		
City & State Venice FL			City & State Suite, Apt. #, etc.		
Zip 34285		Country Same		4. FEI Number 13-4307074	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEILLER, STEVEN ESQUIRE 8742 U.S. HIGHWAY 19 PORT RICHEY, FL 34668			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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D KINELSKI, CAROLYN M 3749 VENTURA PLACE ORLANDO, FL 32822		TITLE NAME STREET ADDRESS CITY-ST-ZIP	25 Erskin Drive Venice FL 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KINELSKI, CAROLYN M 3749 VENTURA PLACE ORLANDO, FL 32822		TITLE NAME STREET ADDRESS CITY-ST-ZIP	25 Erskin Drive Venice FL 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
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: <i>Carolyn M Kinelski</i> CAROLYN M. KINELSKI JAN 22, 2008					

Carolyn M Kinelski
PO Box 574324
Orlando FL 32857