2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008
Secretary of State

DOCUMENT# P05000142934

Entity Name: MID FLORIDA TAX SERVICES, INC

Current Principal Place of Business:

3501 W VINE STREET
SUITE 318
KISSIMMEE, FL 34741

New Principal Place of Business:

7854 W IRLO BRONSON HWY
KISSIMMEE, FL 34747

Current Mailing Address:

3501 W VINE STREET
SUITE 318
KISSIMMEE, FL 34741

New Mailing Address:

7854 W IRLO BRONSON HWY
KISSIMMEE, FL 34747

FEI Number: 20-3662729 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHALARCA, LINDA M
3501 W VINE STREET
SUITE 318
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

CHALARCA, LINDA M
7854 W IRLO BRONSON HWY
KISSIMMEE, FL 34747 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: LINDA CHALARCA 05/21/2008
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: P ( ) Delete
Name: CHALARCA, LINDA M
Address: 2348 TOPAZ TRAIL
City-St-Zip: KISSIMMEE, FL 34743

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP ( ) Change (X) Addition
Name: ANGELES, BENJAMIN M
Address: 2348 TOPAZ TRAIL
City-St-Zip: KISSIMMEE, FL 34743

I hereby certify that the information supplied with this filing does not qualify 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: LINDA CHALARCA P 05/21/2008
Electronic Signature of Signing Officer or Director Date