## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 10, 2008 8:00 am Secretary of State 04-10-2008 90017 037 \*\*\*150.00

DOCUMENT # P05000148645  1. Entity Name THE TAX PROFESSIONAL GROUP, INC.								90017 037 ***15	50.00
Principal Plac	e of Business	Mailing Address	Mailing Address			AUUUU	,		
875 102ND		875 102ND AVENUE N.				, ,			
NAPLES, FL 34108 US		NAPLES, FL 34108 US			·				
134 623,12	31100 03	100 225, 72 51105	00						
2 Principal 9	lace of Business - No P.O. Box #	3. Mailing Address							
2. Timelpair lace of business 140 F.O. Box ii		5. Walling / Address						81    8     8   8   8   8   8   8   8	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01042008	Chg-P	CR2E034 (12/06)	
City & State		City & State				4. FEI Number 41-2187	566	<b>⊢</b>	pplied For ot Applicable
Zip	Country	Country Zip Co		5. Certificate of Status Desired \$8.75 Additional					<del></del>
					-			Fec.Require	
	6. Name and Address of Curren	t Registered Agent		Nema		7. Name and A	ddress of New R	egistered Agent	
ST IOHN	ΚΔΡΙ Δ			Name					
ST.JOHN, KARLA 875 102ND AVENUE N. NAPLES, FL 34108				Street Address (P.O. Box Number is Not Acceptable)					
				City	y 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 it applicable. (NO1E: Registered Agent signature required when reinstating)  DATE									
After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550		ribution.			00 May Be d to Fees		2050	
10.	OFFICERS AND	OFFICERS AND DIRECTORS 11			1	ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	
TITLE	. Control		TITLE					☐ Change	Addition
NAME.	· · · · · · · · · · · · · · · · · · ·		NAM	i					
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '- ST-ZIP					
	NAFEES, 1 E 34 108			<del></del>	VP/T	<u> </u>		☐ Change	Addition
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CITY-ST-ZIP				-ST-ZiP	Nap	ies, FL	34108·		
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NAME			NAM	ıε	Chri	stina P	1002 in ido.	•	
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NAME			. NAM	IE ,					
STREET ADDRESS			STRE	EET ADDRESS					
CITY-ST-ZIP CIT				'-\$1-ZIP	<u></u>				
12 Thereby	certify that the information supplied wi	th this filing does not qualify for	ar the eve	omptions co	ontained	in Chanter 110	Florida Statutos I	further certify that the	information

indicated on this report or supplied with this limit globes not quality for the exemptions contained in Chapter 119, Horida Statutes, I further certify that the information indicated on this report or suppliemental 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.