

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000031515

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** TAX SOLUTIONS OF CENTRAL FLA, INC.

**Current Principal Place of Business:**

6100 S US HWY 17-92  
FERN PARK, FL 32730

**New Principal Place of Business:**

**Current Mailing Address:**

6100 S US HWY 17-92  
FERN PARK, FL 32730

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

WILSON, JIM  
6100 S US HWY 17-92  
FERN PARK, FL 32730 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WILSON, JIM  
Address: 6100 S US HWY 17-92  
City-St-Zip: FERN PARK, FL 32730

I hereby 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 all other like empowered.

SIGNATURE: JIM WILSON

PD

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date