

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000073749

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** JAXTAX ACCOUNTING AND FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

2529 CANYON CREEK TRAIL EAST  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 50122  
JACKSONVILLE BEACH, FL 32240

**New Mailing Address:**

**FEI Number:** 20-4935692

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, STEPHEN J  
2529 CANYON CREEK TRAIL EAST  
JACKSONVILLE, FL 32246 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: P  
Name: SMITH, STEPHEN J  
Address: 2529 CANYON CREEK TRAIL EAST  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D  
Name: SMITH, STEPHEN J  
Address: 2529 CANYON CREEK TRAIL EAST  
City-St-Zip: JACKSONVILLE, FL 32246

Title: S  
Name: SMITH, STEPHEN J  
Address: 2529 CANYON CREEK TRAIL EAST  
City-St-Zip: JACKSONVILLE, FL 32246

Title: T  
Name: SMITH, STEPHEN J  
Address: 2529 CANYON CREEK TRAIL EAST  
City-St-Zip: JACKSONVILLE, FL 32246

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: STEPHEN J SMITH

PRES

04/28/2011

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

\_\_\_\_\_  
Date