

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000140825

FILED
May 29, 2009
Secretary of State

Entity Name: TAX, ACCOUNTING AND FINANCIAL ASSOCIATES, INC.

Current Principal Place of Business:

809 WALKERBILT ROAD
SUITE #5
NAPLES, FL 34110

New Principal Place of Business:

3900 JASMINE LAKE CIRCLE
NAPLES, FL 34119

Current Mailing Address:

809 WALKERBILT ROAD
SUITE #5
NAPLES, FL 34110

New Mailing Address:

3900 JASMINE LAKE CIRCLE
NAPLES, FL 34119

FEI Number: 20-5852451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COTTRELL, BENJAMIN J
809 WALKERBILT RD.
SUITE 5
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

COTTRELL, BENJAMIN J
3900 JASMINE LAKE CIRCLE
NAPLES, FL 34119 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: BENJAMIN J. COTTRELL

05/29/2009

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/D () Delete
Name: COTTRELL, BENJAMIN J
Address: 809 WALKERBILT RD., SUITE #5
City-St-Zip: NAPLES, FL 34110

Title: VP/D (X) Delete
Name: COTTRELL, WILLIAM J
Address: 809 WALKERBILT RD., SUITE #5
City-St-Zip: NAPLES, FL 34110

Title: S/T (X) Delete
Name: COTTRELL, DEBORAH L
Address: 809 WALKERBILT RD., SUITE #5
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: COTTRELL, BENJAMIN J
Address: 3900 JASMINE LAKE CIRCLE
City-St-Zip: NAPLES, FL 34119

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

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

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: BENJAMIN J. COTTRELL

P/D

05/29/2009

Electronic Signature of Signing Officer or Director

Date