FILED
May 25, 2007 8:00 am
Secretary of State

05-02-2007 90097 020 ***150.00

5/2.

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000148276

1. Entity Name
ACS ACCOUNTING & TAX, INC.

Principal Place of Business	Mailing Address
22 WOODBURY DRIVE PALM COAST, FL 32164 US	22 WOODBURY DRIVE PALM COAST, FL 32164 US

03132007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
399 Palm Coast Pkwy SW		399 Palm Coast Pkwy SW	
Suite, Apt. #, etc. Suite 4		Suite, Apt. #, etc. Suite 4	
City & State Palm Coast FL		City & State Palm Coast FL	
Zip 32137	Country U.S.	Zip 32137	Country U.S.

4. FEI Number 20-5955606 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWEIZER, ANDREA
22 WOODBURY DRIVE
PALM COAST, FL 32164

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 399 Palm Coast Pkwy SW
Suite 4

City Palm Coast FL Zip Code 32137

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] Pres 3/13/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHWEIZER, ANDREA C 22 WOODBURY DRIVE PALM COAST, FL 32164	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	399 Palm Coast Pkwy S.W. Ste 4 Palm Coast FL 32137	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: [signature] Andrea Schweizer Pres 3/13/07 (386) 986-1839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #