

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000131143

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** YVETTE MORRIS ACCOUNTING & TAX SERVICES, INC.

**Current Principal Place of Business:**

529 NW PRIMA VISTA BLVD  
SUITE 301-G  
PORT ST LUCIE, FL 34983 US

**New Principal Place of Business:**

529 NW PRIMA VISTA BLVD  
SUITE 301-D  
PORT ST LUCIE, FL 34983 US

**Current Mailing Address:**

529 NW PRIMA VISTA BLVD  
SUITE 301-G  
PORT ST LUCIE, FL 34983 US

**New Mailing Address:**

529 NW PRIMA VISTA BLVD  
SUITE 301-D  
PORT ST LUCIE, FL 34983 US

FEI Number: 20-5955709

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORRIS, YVETTE R  
1675 SW MALMO ROAD  
PORT ST LUCIE, FL 34953 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: PVST  
Name: MORRIS, YVETTE R  
Address: 1675 SW MALMO ROAD  
City-St-Zip: PORT ST LUCIE, FL 34953 US

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: YVETTE R. MORRIS

PVST

04/29/2011

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

\_\_\_\_\_ Date