## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000009327

Entity Name: IG TAX & ACCOUNTING SERVICE INC

FILED Apr 16, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4114 NW 78TH LANE

CORAL SPRINGS, FL 33065 US

**Current Mailing Address: New Mailing Address:** 

4631 NW 31ST AVENUE 8202 WILES ROAD

SUITE 204 PMB #159

FORT LAUDERDALE, FL 33309 US CORAL SPRINGS, FL 33067 US

FEI Number: 26-1804419 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GOODEN, INGRID **IG TAX** 

4631 NW 31ST AVENUE 8202 WILES ROAD

SUITE 204 PMB #159

FORT LAUDERDALE, FL 33309 US CORAL SPRINGS, FL 33067 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: INGRID GOODEN

04/16/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS ( ) Delete Title: PDS (X) Change ( ) Addition

GOODEN, INGRID Name: Name: GOODEN, INGRID 8202 WILES ROAD PMB #159 Address: Address:

4631 NW 31ST AVENUE STE 204 City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: CORAL SPRINGS, FL 33067

Title: VPD Title: VPD (X) Change ( ) Addition () Delete

Name: LEIGH, RONALD G Name: LEIGH. RONALD G

4631 NW 31ST AVENUE STE 204 8202 WILES ROAD PMB #159 Address: Address: FORT LAUDERDALE, FL 33309 CORAL SPRINGS, FL 33067 City-St-Zip: 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: INGRID GOODEN **PRES** 04/16/2009