

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000107638

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** TAMPA PROFESSIONAL TAX SERVICES, INC.

**Current Principal Place of Business:**

19214 SEAMIST LANE  
LUTZ, FL 33558

**New Principal Place of Business:**

445 SOUTH 12TH ST, UNIT 2404  
TAMPA, FL 33602

**Current Mailing Address:**

19214 SEAMIST LANE  
LUTZ, FL 33558

**New Mailing Address:**

445 SOUTH 12TH ST, UNIT 2404  
TAMPA, FL 33602

**FEI Number:** 26-3893156

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MULRYAN, THOMAS S  
19214 SEAMIST LANE  
LUTZ, FL 33558 US

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

MULRYAN, THOMAS S  
445 SOUTH 12TH ST  
UNIT NO. 2404  
TAMPA, FL 33602 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

03/14/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MULRYAN, THOMAS  
Address: 445 SOUTH 12TH ST UNIT NO. 2404  
City-St-Zip: TAMPA, FL 33602

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: THOMAS S MULRYAN

P

03/14/2011

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

\_\_\_\_\_  
Date