

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000000792

1. Entity Name
TOTAL TAX & ACCOUNTING SERVICES, INC.



Principal Place of Business
**2454 MCMULLEN BOOTH RD
BLDG D SUITE 607
CLEARWATER, FL 33759-1353 US**

Mailing Address
**2454 MCMULLEN BOOTH RD
BLDG D SUITE 607
CLEARWATER, FL 33759-1353 US**



02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3220645	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SUVAL, DORIS
4232 CHESTERFIELD CIRCLE
PALM HARBOR, FL 34883**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

100000234346
02/18/05-80016-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SUVAL, DORIS
STREET ADDRESS	4232 CHESTERFIELD CIRCLE
CITY - ST - ZIP	PALM HARBOR, FL 34883

TITLE	
NAME	
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CITY - ST - ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE:

Doris Suval

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/2005

Date

727-669-0776

Daytime Phone #