# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 04, 2008**
**Secretary of State**

DOCUMENT# P94000091351

**Entity Name:** PROPERTY TAX ASSISTANCE COMPANY, INC.

**Current Principal Place of Business:**

2570 NOBLE DR
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

2570 NOBLE DR
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number: 59-3286113** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

TELLERS, KURT W
2570 NOBLE DR
TALLAHASSEE, FL 32308 US

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

TELLERS, KURT W DR
2570 NOBLE DR
TALLAHASSEE, FL 32308 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: DR. KURT W. TELLERS 01/04/2008
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PMDC ( ) Delete
Name: TELLERS, KURT W
Address: 2570 NOBLE DR.
City-St-Zip: TALLAHASSEE, FL 32308

Title: ST ( ) Delete
Name: TELLERS, SHARON I
Address: 2570 NOBLE DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: V ( ) Delete
Name: TELLERS, RACHEL I
Address: 2570 NOBLE DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: DR. KURT W. TELLERS PMDC 01/04/2008
Electronic Signature of Signing Officer or Director Date