2/1! **FILED**
Mar 09, 2007 8:00 am
Secretary of State
02-19-2007 90047 007 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000018865

1. Entity Name
THE FLORIDA TAX COLLECTORS SERVICE CORPORATION

66004384

Principal Place of Business	Mailing Address
225 S. ADAMS ST. SUITE 200 TALLAHASSEE, FL 32301	PO BOX 1833 TALLAHASSEE, FL 32302-1833
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01242007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3357136 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VAN ASSENDERP, H. KENZA 225 S. ADAMS ST. SUITE 200 TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 VAN ASSENDERP, Kenza 5 March 2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DALE SUMMERFORD 16 S CALHOUN ST. QUINCY, FL 32353 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Kenneth R. Mahaffey 323 St. Johns Avenue Palatka, FL 32177 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BURNHAM, GEORGE L. S. OHIO AVE. LIVE OAK, FL 32060 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rhonda Skipper 49 North 6th Street Defuniak Springs, FL 32433 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KANE, BERNARD 123 WEST INDIANA AVENUE DELAND, FL 32720 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ronnie Brannon 135 NE Hernando Ave., Ste 125 Lake City, FL 32055-4006 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIKES, JUANITA 20 NORTH MAIN STREET, ROOM 112 BROOKSVILLE, FL 346012892 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dennis W. Hollingsworth 4030 Lewis Speedway St. Augustine, FL 32084 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HEFFNER, PATSY POST OFFICE BOX 422105 KISSIMMEE, FL 34742 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Diane Nelson 315 Court St., 3rd Floor Clearwater, FL 33756 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENRIQUEZ, DANISE POST OFFICE BOX 1129 KEY WEST, FL 33041 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Judith Fink 115 S. Andrews Avenue Ft. Lauderdale, FL 33301 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE: Catherine M Center 3/7/07 239-533-6006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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THE FLORIDA TAX COLLECTORS SERVICE CORPORATION

ATTACHMENT
660043584

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City & State		City & State	
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SIGNATURE VAN ASSENDERP, Ken. [signature] 5 March 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALE SUMMERFORD 16 S CALHOUN ST. QUINCY, FL 32353	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Cathy Curtis 2480 Thompson Street Fort Myers, FL 33902	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURNHAM, GEORGE L. S. OHIO AVE. LIVE OAK, FL 32060	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANE, BERNARD 123 WEST INDIANA AVENUE DELAND, FL 32720	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIKES, JUANITA 20 NORTH MAIN STREET, ROOM 112 BROOKSVILLE, FL 346012892	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEFFNER, PATSY POST OFFICE BOX 422105 KISSIMMEE, FL 34742	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRIQUEZ, DANISE POST OFFICE BOX 1129 KEY WEST, FL 33041	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Dänise Henriquez 1200 Truman Avenue, Ste 101 Key West, FL 33040	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE: Catherine M. Curtis 2/13/07 239-533-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #