

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000019509

1. Entity Name
TAMPA ACCOUNTING & TAX SERVICE, INC.



Principal Place of Business

**17121 MORRIS BRIDGE RD
THONOTOSASSA, FL 33592-2259**

Mailing Address

**17121 MORRIS BRIDGE RD
THONOTOSASSA, FL 33592-2259**

DO NOT WRITE IN THIS SPACE



01082006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3201292

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FEDAK, SHARON
17121 MORRIS BRIDGE ROAD
THONOTOSASSA, FL 33592-2259**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FEDAK, SHARON
STREET ADDRESS 17121 MORRIS BRIDGE ROAD
CITY-ST-ZIP THONOTOSASSA, FL 335922259

TITLE VP
NAME FEDAK, CHARLES
STREET ADDRESS 17121 MORRIS BRIDGE ROAD
CITY-ST-ZIP THONOTOSASSA, FL 335922259

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000400787
02/02/06-80017-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Charles Fedak **CHARLES FEDAK, VP**

1-23-06

813-792-1990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #