

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 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**



01312008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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)

000000821151

02/19/08-30011-025 150.00

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CHARLES FEDAK, VP**

**2-8-08**

Date

**813-782-1990**

Daytime Phone #