


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000004745 1. Entity Name FRS TAX SERVICES, INC.	
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Principal Place of Business 8383 SEMINOLE BLVD SUITE A SEMINOLE, FL 33772 US	Mailing Address 8383 SEMINOLE BLVD SUITE A SEMINOLE, FL 33772 US
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DO NOT WRITE IN THIS SPACE

03042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3359153	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

FREEBORN, ALISON K
% FREEBORN & FREEBORN
360 MONROE STREET
DUNEDIN, FL 34698

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHULTZ, FRANCES R 8380 81ST TERACE NORTH SEMINOLE, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HEDRICK, FRANK E 4725 COVE CIR. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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UD00000254381
03/07/05-80073-004 150.00

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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 all other like empowered.

SIGNATURE: Frances R Shultz 3/4/05 (721) 392-0393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #