2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P96000004745

1. Entity Name

FRS TAX SERVICES, INC.

Principal Place of Business

Mailing Address

8383 SEMINOLE BLVD

8383 SEMINOLE BLVD

SUITE A SUITE A SUITE A SEMINOLE, FL 33772 US SEMINOL

SEMINOLE, FL 33772

01042007

No Chg-P

CR2E034 (11/05)

FILED

May 02, 2007 08:00 AM Secretary of State

4. FEI Number 59-3359153

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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	e named entity submits this statement for the particles of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of registered agent and like	d applicable (NOTE Registered	d Agent signature	required when reinstalling)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			U00000755178 05/22/07-80092-004 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHULTZ, FRANCES R 8380 81ST TERACE NORTH SEMINOLE, FL 33777				
	1				

TITLE HEDRICK, FRANK E NAME STREET ADDRESS 4725 COVE CIR. CITY-ST-ZIP ST. PETERSBURG, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Fiorida 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 appowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

727, 392,0393

Daytime Phone #