

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000013641

FILED
Apr 07, 2009
Secretary of State

Entity Name: LABELLE TAX ACCOUNTING, INC.

Current Principal Place of Business:

36 E HICKPOOCHEE AVE
LABELLE, FL 33935 US

New Principal Place of Business:

154 N BRIDGE ST
LABELLE, FL 33935 US

Current Mailing Address:

36 E HICKPOOCHEE AVE
LABELLE, FL 33935 US

New Mailing Address:

154 N BRIDGE ST
LABELLE, FL 33935 US

FEI Number: 65-0837606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMESON, SONJA
36 E HICKPOOCHEE AVE
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

JAMESON, SONJA
154 N BRIDGE ST
LABELLE, FL 33935 US

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.

SIGNATURE: SONJA JAMESON

04/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: JAMESON, SONJA
Address: 36 E HICKPOOCHEE AVE
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONJA JAMESON

P

04/07/2009

Electronic Signature of Signing Officer or Director

Date