

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000093082

FILED  
Mar 05, 2010  
Secretary of State

**Entity Name:** NOVICE'S ACCOUNTING & TAX SERVICE, INC.

**Current Principal Place of Business:**

805 VIRGINIA AVE.  
SUITE 29  
FORT PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

805 VIRGINIA AVE.  
SUITE 29  
FORT PIERCE, FL 34982

**New Mailing Address:**

**FEI Number:** 65-0709407

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAMM, CHRISTINE  
1772 LAKEFRONT BLVD  
FT. PIERCE, FL 34982 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** HAMM, CHRISTINE  
**Address:** 1772 LAKEFRONT BLVD  
**City-St-Zip:** FORT PIERCE, FL 34982

**Title:** VP  
**Name:** NICHOLAS, JEFFREY  
**Address:** 2930 SUNRISE BLVD.  
**City-St-Zip:** FORT PIERCE, FL 34982

**Title:** S  
**Name:** NICHOLAS, JEFFREY  
**Address:** 2930 SUNRISE BLVD  
**City-St-Zip:** FORT PIERCE, FL 34982

I hereby 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 all other like empowered.

**SIGNATURE:** CHRISTINE HAMM

P

03/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date