

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90041 016 ***150.00

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1. Entity Name

BZ TAX SERVICES, INC.



Principal Place of Business

Mailing Address

**1924 ORIENT STREET
TAMPA FL 33607
US**

**PO BOX 18072
TAMPA FL 33679
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1924 W. ORIENT ST

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

Zip

Country

Zip

Country

33607-6539

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZIMMER, BEN F
1924 ORIENT ST.
TAMPA FL 33607**

**1924 W. ORIENT ST
TAMPA FL 33607-6539**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME ZIMMER, BEN F
STREET ADDRESS 1924 ORIENT ST
CITY-ST-ZIP TAMPA FL 33607

TITLE ☐ Change ☐ Addition
NAME **1924 W. ORIENT ST**
STREET ADDRESS **TAMPA FL 33607-6539**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Ben F Zimmer II PRES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-05 813 876 3143

Date

Daytime Phone #