

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000066488</b>	
1. Entity Name <b>LENDER'S TAX SERVICE, INC.</b>	
Principal Place of Business <b>706 S. DIXIE HWY, 2ND FLOOR CORAL GABLES, FL 33146</b>	Mailing Address <b>706 S. DIXIE HWY, 2ND FLOOR CORAL GABLES, FL 33146</b>



**DO NOT WRITE IN THIS SPACE**

02152005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0784666</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>OLSEN, THOMAS W III 706 S. DIXIE HWY, 2ND FLOOR CORAL GABLES, FL 33146</b>
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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 *Thomas W Olsen III* DATE 2/15/2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

H000000239586  
02/22/05-80049-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS OLSEN, THOMAS W III 706 S. DIXIE HWY, 2ND FLOOR CORAL GABLES, FL 33146
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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)(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: *Thomas W Olsen III* Thomas W Olsen III 2/15/2005 305-666-2121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #