

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90039 041 ***150.00

DOCUMENT # P97000066488

1. Entity Name
LENDER'S TAX SERVICE, INC.



Principal Place of Business
**706 S. DIXIE HWY, 2ND FLOOR
CORAL GABLES, FL 33146**

Mailing Address
**706 S. DIXIE HWY, 2ND FLOOR
CORAL GABLES, FL 33146**

40039434



02272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0784666

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**OLSEN, THOMAS W III
706 S. DIXIE HWY, 2ND FLOOR
CORAL GABLES, FL 33146**

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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

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OLSEN, THOMAS W III
STREET ADDRESS	706 S. DIXIE HWY, 2ND FLOOR
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	SVP
NAME	TURNER, JULIE A
STREET ADDRESS	706 S. DIXIE HIGHWAY, 2ND FLOOR
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* *02/23/08* *305-666-2121*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #