## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2008 08:00 AN Secretary of State

ANNUAL REPORT					1 6 15, 2000 00.		
DOCUMENT # P9800002344  1. Entity Name FULKS TAX & ACCOUNTING SERVICES, INC.					Sec	cretary of St	
Principal Place of B 5823 26TH STREI BRADENTON, FL	ET WEST	Mailing Address 5823 26TH STREET WEST BRADENTON, FL 34207			2124 18711 8214 82111 2814 8841	82)(2   1888   110    810    870   877    1887	
DO	NOT WOITE	IN TUIC CDA	CE.	02072008		R2E034 (11/05)	
DO NOT WRITE IN THIS SPA				4. FEI Number 65-0036		Applied For Not Applicable	
	and the second of the second		***	5. Certificate o	f Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				· · · · ·			
FULKS, CHARLES O 5823 26TH STREET WEST BRADENTON, FL 34207			DO NOT WRITE IN THIS SPACE				
the obligations of SIGNATURE  Signature  FILE NO	ed entity submits this statement for the fregistered agent.  ore, typed or printed name of registered agent and the fregistered agent and the frequency agent ag	attle if applicable (NOTE: Registers  9. Election Campaign Fina	ed Ageni signature required		U00000°		
10.	OFFICERS AND DIE	RECTORS	· · · · · · · · · · · · · · · · · · ·				
TITLE ST NAME FUL STREET ADDRESS 582	LKS, CHARLES O 23 26TH STREET WEST ADENTON, FL 34207						
STREET ADDRESS 582	LKS, JOANN M 23 26TH STREET WEST ADENTON, FL 34207			and the second of the second o			
STREET ADDRESS   582	STETTER, KIMBERLY 23 26TH ST W ADENTON, FL 34207			DO	NOT WR	ITE	
STREET ADDRESS 582	RSBERG, SUZIE M 23 26TH STREET W ADENTON, FL 34207			IN T	HIS SPA	CE	
TITLE NAME STREET ADDRESS		, .					

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 significure 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 air address, with all other-like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

941-737-4685 Daytime Phone #