

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90063 027 ***150.00

DOCUMENT # P98000077368

1. Entity Name
ABA ACCOUNTING AND TAX SERVICES, INC.



Principal Place of Business
**126 COLONIAL STREET SE
PORT CHARLOTTE, FL 33952**

Mailing Address
**126 COLONIAL STREET SE
PORT CHARLOTTE, FL 33952 US**

40037248



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02232007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0864298

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GALLO, FRANK J
126 COLONIAL STREET SE
PORT CHARLOTTE, FL 33952**

7. Name and Address of New Registered Agent

Name **GALLO, ROSEMARY V.**

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

126 COLONIAL ST SE

City **PORT CHARLOTTE**

FL

Zip Code

33952

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

Rosemary V Gallo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/17/07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **VP D** ☐ Delete
NAME **GALLO, ROSEMARY V**
STREET ADDRESS **126 COLONIAL STREET SE**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **P D** ☒ Delete
NAME **GALLO, FRANK J**
STREET ADDRESS **126 COLONIAL STREET SE**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P D** ☒ Change ☐ Addition
NAME **GALLO, ROSEMARY V**
STREET ADDRESS **126 COLONIAL ST SE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 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:

Rosemary V Gallo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/07

Date

Daytime Phone #