


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 08, 2005 08:00 AM
Secretary of State**

| | |
|---|---|
| DOCUMENT # P99000037345 1. Entity Name DILLEY ACCOUNTING & TAX SERVICE, INC. |  |
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| Principal Place of Business 1289 VICTORIA DR. WEST PALM BEACH, FL 33406 | Mailing Address 1289 VICTORIA DR. WEST PALM BEACH, FL 33406 |
|---|---|



04052005 No Chg-P CR2E034 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 65-0914276 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent DILLEY, NELLIE G 1289 VICTORIA DR. WEST PALM BEACH, FL 33406 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD DILLEY, NELLIE G 1289 VICTORIA DR. WEST PALM BEACH, FL 33406 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD DILLEY, HAROLD O 1289 VICTORIA DR WEST PALM BEACH, FL 33406 |
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04/08/05-80004-015 150.00

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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)(f), 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: Nellie G. Dilley 4/6/05 561-433-5250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #