. 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 26, 2006 08:00 AM DOCUMENT # P99000042083 Secretary of State 1. Entity Name FUSCO'S BOOKKEEPING & TAX SERVICE, INC. Mailing Address Principal Place of Business PO BOX 118 SOPCHOPPY FL 32358-0118 4395 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE FL 32327 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. tst MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-3572926 Not Applicable Zip Country **\$8.75** Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name FUSCO, CHRISTINA M 60 MCKENZIE PL. Street Address (P.O. Box Number is Not Acceptable) SOPCHOPPY FL 32358 Zip Code 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 life if applicable (NOTE Registered Agent signature required when remstating) QATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change 🔲 Addition BEL **PVST** ☐ Delete TITLE NAME NAME FUSCO, CHRISTINA M 11000000536703 STREET ADDRESS STREET ADORESS 4395 CRAWFORDVILLE HIGHWAY 05/08/06-80102-025 150.00 CRAWFORDVILLE FL 32327 CITY-ST-ZIP CITY-SI-DP Delete TITLE ☐ Change Addition titte MAME FUSCO, CHRISTINA M STREET ADDRESS STREET ADDRESS 4395 CRAWFORDVILLE HIGHWAY CHTY-ST-ZIP CRY-SI-ZIP CRAWFORDVILLE FL 32327 Defete BU Change ☐ Addition 51325 NAME NAME STREET ADDRESS STRELT ADDRESS CAY-SI-ZIP CITY-ST-ZIP ☐ Change Delete Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DITY-ST-71P CITY-ST-ZIP Defete Change ☐ Addition TITLE TIFLE NAME MAKE STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-20P ☐ Change Addition TITLE Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZYP CHY - ST- ZIP

FILED

12. Thereby perify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Brock 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME DE SIGNING DEFICER OR DIRECTOR.

Date

Date

Date

Defice

Description of there of the printed in the content of the cont