

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P99000049723

1. Entity Name

AMERICAN TAX SERVICE OF NORTH FLORIDA, INC.



**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business

3947 BOULEVARD CENTER DR. #107  
JACKSONVILLE FL 32207

Mailing Address

3947 BOULEVARD CENTER DR. #107  
JACKSONVILLE FL 32207



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3578792**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KILLOUGH, CLAY  
5201 ATLANTIC BOULEVARD, #230  
JACKSONVILLE FL 32207

Name

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

City

**FL**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | PD                            | <input type="checkbox"/> Delete |
| NAME           | KILLOUGH, CLAY                |                                 |
| STREET ADDRESS | 5201 ATLANTIC BOULEVARD, #230 |                                 |
| CITY-STATE-ZIP | JACKSONVILLE FL 32207         |                                 |
| TITLE          | VP                            | <input type="checkbox"/> Delete |
| NAME           | KILLOUGH, STEPHEN             |                                 |
| STREET ADDRESS | 573 NIGHTINGALE RD.           |                                 |
| CITY-STATE-ZIP | JACKSONVILLE FL 32207         |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-STATE-ZIP |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-STATE-ZIP |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-STATE-ZIP |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-STATE-ZIP |                               |                                 |

|                |                           |                                                                   |
|----------------|---------------------------|-------------------------------------------------------------------|
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |                                                                   |
| STREET ADDRESS | U000000693903             |                                                                   |
| CITY-STATE-ZIP | 04/16/07-80058-012 150.00 |                                                                   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |                                                                   |
| STREET ADDRESS |                           |                                                                   |
| CITY-STATE-ZIP |                           |                                                                   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |                                                                   |
| STREET ADDRESS |                           |                                                                   |
| CITY-STATE-ZIP |                           |                                                                   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |                                                                   |
| STREET ADDRESS |                           |                                                                   |
| CITY-STATE-ZIP |                           |                                                                   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |                                                                   |
| STREET ADDRESS |                           |                                                                   |
| CITY-STATE-ZIP |                           |                                                                   |

12. I hereby certify 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 Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Clay Killough*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**32058 (90) 398710**

Date

Daytime Phone #