

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90236 040 ***150.00

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1. Entity Name
TAX SOLUTIONS OF PALM BEACH, INC.



Principal Place of Business
4793 N. CONGRESS AVENUE
SUITE 206
BOYNTON BEACH, FL 33426

Mailing Address
4793 N. CONGRESS AVENUE
SUITE 206
BOYNTON BEACH, FL 33426

2. Principal Place of Business
2240 Woolbright Rd
Suite, Apt. #, etc.
Suite 325
City & State
Boynton Beach FL
Zip
33426
Country

3. Mailing Address
2240 Woolbright Rd
Suite, Apt. #, etc.
Suite 325
City & State
Boynton Beach FL
Zip
33426
Country



04222004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0928166
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KIESLING, ROBERT A
4793 N CONGRESS AV 206
BOYNTON BEACH, FL 33426

7. Name and Address of New Registered Agent

Name
Robert Kiesling
Street Address (P.O. Box Number is Not Acceptable)
2240 Woolbright Rd #325
City
Boynton Beach FL Zip Code
33426

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)

4/26/04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
D KIESLING, ROBERT A ☐ Delete
STREET ADDRESS
4793 N CONGRESS AV 206
CITY-ST-ZIP
BOYNTON BEACH, FL 33426

TITLE
NAME
V KIESLING, MARIA ☐ Delete
STREET ADDRESS
4793 N CONGRESS AVE #206
CITY-ST-ZIP
BOYNTON BEACH, FL 33426

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
P Kiesling, Robert A ☒ Change ☐ Addition
STREET ADDRESS
2240 Woolbright Rd #325
CITY-ST-ZIP
Boynton Beach, FL 33426

TITLE
NAME
V Kiesling, Maria ☒ Change ☐ Addition
STREET ADDRESS
2240 Woolbright Rd #325
CITY-ST-ZIP
Boynton Beach, FL 33426

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

561-338-5331

Daytime Phone #