

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000070441

Entity Name: E TAX SERVICE, INC.

FILED  
Mar 12, 2008  
Secretary of State

**Current Principal Place of Business:**

32218 CR 437  
SUITE A  
SORRENTO, FL 32776

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1462  
SORRENTO, FL 32776

**New Mailing Address:**

FEI Number: 59-3594673      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOURN, RICK C  
67 WEST MIAN STREET  
APOPKA, FL 32703 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BOURN, RICK C  
Address: 9433  
City-St-Zip: ALTAMONTE SPRUINGS, FL 32714

Title: D ( ) Delete  
Name: BEHRENS, TRAVIS K  
Address: 583 BRANTLEY TERRACE WAY #302  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V ( ) Delete  
Name: HOEKMAN, JOSEPH A  
Address: 34352 TUSCANY AVE  
City-St-Zip: SORRENTO, FL 32776

Title: V ( ) Delete  
Name: HOEKMAN, KRISTIN K  
Address: 34352 TUSCANY AVE  
City-St-Zip: SORRENTO, FL 32776

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICK C BOURN

Electronic Signature of Signing Officer or Director

PRES

03/12/2008

\_\_\_\_\_ Date