


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90144 010 ***150.00

DOCUMENT # P99000070616 1. Entity Name O WOW TAX SERVICE, INC.			
Principal Place of Business 820 PALM BAY RD., N.E., STE. 112 PALM BAY, FL 32905		Mailing Address 820 PALM BAY RD., N.E., STE. 112 PALM BAY, FL 32905	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 121325 Suite, Apt. #, etc.	
City & State		City & State W. Melbourne, FL	
Zip 32912	Country USA	4. FEI Number 59-3592582	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03052005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SHEFFIELD, R. WAYNE 3617 WHISPERWOOD CIR. MELBOURNE, FL 32901		7. Name and Address of New Registered Agent 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 <i>R Wayne Sheffield</i> R WAYNE SHEFFIELD MAR 5, 2005 <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEFFIELD, R W 3617 WHISPERWOOD CIRCLE MELBOURNE, FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'CONNOR, GRAYCE D 3617 WHISPERWOOD CIR MELBOURNE, FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>R Wayne Sheffield</i> R WAYNE SHEFFIELD MAR 5, 2005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date MAR 5, 2005 Daytime Phone #	



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