



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000103582		
1. Entity Name THOMAS ASSOCIATES TAX SERVICE, INC.		
Principal Place of Business 15248 TAMiami TRAIL SOUTH SUITE 500 FORT MYERS, FL	Mailing Address 15248 TAMiami TRAIL SOUTH SUITE 500 FORT MYERS, FL	 01132004 No Chg-P CR2E034 (10/03) 4. FEI Number 65-0967761 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent		

NACHAZEL, JOHN T
15248 TAMiami TRAIL SOUTH
SUITE 500
FORT MYERS, FL 33908

**DO NOT WRITE
IN THIS SPACE**

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 *John T. Nachazel* DATE 2/27/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 STREET ADDRESS CITY-ST-ZIP	PD NACHAZEL, JOHN T 15248 TAMiami TRAIL S., #500 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NACHAZEL, THOMAS 15248 TAMiami TRAIL S., #500 FORT MYERS, FL 33908
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *John T. Nachazel* DATE 2/27/04 230 432-0081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR