# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 21, 2012**
**Secretary of State**

DOCUMENT# P99000103582

**Entity Name:** THOMAS ASSOCIATES TAX SERVICE, INC.

**Current Principal Place of Business:**

15248 TAMIAMI TRAIL SOUTH
SUITE 500
FORT MYERS, FL 33908 LE

**New Principal Place of Business:**

**Current Mailing Address:**

15248 TAMIAMI TRAIL SOUTH
SUITE 500
FORT MYERS, FL 33908 LE

**New Mailing Address:**

**FEI Number: 65-0967761** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

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

**OFFICERS AND DIRECTORS:**

Title: PD
Name: NACHAZEL, JOHN T
Address: 15248 TAMIAMI TRAIL S., #500
City-St-Zip: FORT MYERS, FL 33908

Title: STD
Name: NACHAZEL, THOMAS
Address: 15248 TAMIAMI TRAIL S., #500
City-St-Zip: FORT MYERS, FL 33908

I hereby 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 all other like empowered.

SIGNATURE: JOHN T NACHAZEL PRES 03/21/2012

Electronic Signature of Signing Officer or Director Date