

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90017 049 \*\*\*150.00

**DOCUMENT # P99000105746**

1. Entity Name

TAXPERTS BUSINESS SERVICES INC.



Principal Place of Business

6915 TAFT STREET  
HOLLYWOOD, FL 33024

Mailing Address

6915 TAFT DTREET  
COOPER CITY, FL 33328

50000600



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02232006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0965719

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAUREEN LA ROSE  
8795 S.W. 56TH PLACE  
COOPER CITY, FL 33328

7. Name and Address of New Registered Agent

Name

John La Rose

Street Address (P.O. Box Number is Not Acceptable)

6915 TAFT STREET

City

HOLLYWOOD

FL

Zip Code  
33024

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 La Rose

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

2/23/06

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME LAROSE, JOHN  
STREET ADDRESS 6915 TAFT STREET  
CITY-STATE-ZIP HOLLYWOOD, FL 33024

TITLE VP ☐ Delete  
NAME LA ROSE, MAUREEN  
STREET ADDRESS 6915 TAFT STREET  
CITY-STATE-ZIP HOLLYWOOD, FL 33024

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 La Rose

John La Rose

2/23/06

954-962-8585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #