

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90233 017 \*\*\*150.00

DOCUMENT # P99000107853

1. Entity Name  
THE TAX SHACK OF ORLANDO, INC.



Principal Place of Business

Mailing Address

~~720 Baywood Cir  
Sanford, FL 32773~~

~~PO Box 953277  
Lake Mary, FL 32746~~

14010934

2. Principal Place of Business

3. Mailing Address

720 Baywood Cir  
Suite, Apt. #, etc.

PO Box 953277  
Suite, Apt. #, etc.



04062004

Chg-P

CR2E034 (10/03)

City & State

City & State

Sanford FL

Lake Mary FL

4. FEI Number

59-3612741

Applied For

Not Applicable

Zip

Country

Zip

Country

32773 Seminole

32746-3277 Seminole

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOOGINS, RENATE B

~~720 Baywood Cir  
Sanford, FL 32773~~

Name

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

720 Baywood Circle

City

Sanford

FL

Zip Code

32773

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**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 ☐ Delete

GOOGINS, RENATE B

STREET ADDRESS ~~720 Baywood Cir~~

CITY-ST-ZIP ~~Sanford, FL 32773~~

TITLE NAME ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

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STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

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STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

*Renate B Googins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/04 407461-5955  
Date Daytime Phone #