

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # S25003

1. Entity Name

A-1 DEPENDABLE BOOKKEEPING & TAX SERVICE, INC.



Principal Place of Business

**221 PAULS DR
SUITE D
BRANDON, FL 33511 US**

Mailing Address

**221 PAULS DR
SUITE D
BRANDON, FL 33511 US**

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3044901

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VAN WALLENDael, JULIE
2710 CEDARCREST PLACE
VALRICO, FL 33594**

**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

Julie Van Wallendaal

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

(NOTE: Registered Agent signature required when reinstating)

4/17/06

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**
NAME **BRESCIA, ROSEANNE**
STREET ADDRESS **2715 FALLING LEAVES DR**
CITY-ST-ZIP **VALRICO, FL**

TITLE **ST**
NAME **VAN WALLENDael, JULIE**
STREET ADDRESS **2710 CEDARCREST PLACE**
CITY-ST-ZIP **VALRICO, FL 33594**

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U00000522254
05/03/06-80020-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Julie Van Wallendaal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06

DATE

813-681-1099

Daytime Phone #