



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # S25003</b> 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**



04152007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3044901	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  VAN WALLENDael, JULIE 2710 CEDARCREST PLACE VALRICO, FL 33594	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000713479 04/26/07-80091-018 150.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRESCIA, ROSEANNE 2715 FALLING LEAVES DR VALRICO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VAN WALLENDael, JULIE 2710 CEDARCREST PLACE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 Julie Van Wallendaal 4/15/07 813-681-1099  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #