

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # S62365

1. Entity Name

ACCOUNTING AND TAX SPECIALISTS, INC.



Principal Place of Business

P.O. BOX 1629
LADY LAKE FL 32158-8629
US

Mailing Address

P.O. BOX 1629
LADY LAKE FL 32158-8629
US



1st MOORE

CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3071140**

Applied For
Not Applicable

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

DYESS, D
409 S OLD DIXIE HWY
LADY LAKE FL 32159

Name

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

City

FL

Zip Code

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's signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPTS	☐ Delete
NAME	DYESS, D	
STREET ADDRESS	409 S. OLD DIXIE HWY.	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	D	☐ Delete
NAME	HUNT, W	
STREET ADDRESS	1022 RURAL AVE.	
CITY-ST-ZIP	WILLIAMSPORT PA 17701	
TITLE	D	☐ Delete
NAME	DYESS, J,D	
STREET ADDRESS	P.O. BOX 1629	
CITY-ST-ZIP	LADY LAKE FL 32158	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	U000000850953
CITY-ST-ZIP	03/25/08-80017-021 150.00
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Dyess
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/08
Date

Daytime Phone #