## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Secretary of State DOCUMENT # S63401 1. Entity Name 01-26-2006 90045 048 \*\*\*150.00 WHITFIELD ACCOUNTING & TAX SERVICE, INC. Principal Place of Business Mailing Address PO BOX 643 PERRY FL 32348 530 N JEFFERSON ST. PERRY FL 32347 3. Majling Address 2. Principal Place of Business 2057 & Bynon ButLer 643 Suite, Apt. #, etc. te, Apt. #, etc. 1st MOORE CR2E034 (10/05) 20 City & State \$ State 4. FEI Number Applied For 59-3079713 erre Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired SYLAR Fee Required 24 Cox 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITFIELD, BYRUM Street Address (P.O. Box Number is Not Acceptable) 530 N JEFFERSON ST. **PERRY FL 32347** 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Defete TIFLE ☐ Change Addition WHITFIELD, BYRUM NAME NAME 530 N JEFFERSON ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PERRY FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delate \_\_\_\_ TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

TRESIDENT

850-584-3617

if changed, or on an attachment with an address, with all other like empowered.

**FILED** 

Jan 26, 2006 8:00 am