

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S74079

FILED
Jan 09, 2007
Secretary of State

Entity Name: TAXSERVICES OF SOUTH FLORIDA INC.

Current Principal Place of Business:

29035 SW 152 AVE
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

29035 SW 152 AVE
HOMESTEAD, FL 33033

New Mailing Address:

FEI Number: 65-0279066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLEY, SUSAN
29035 SW 152 AVE
HOMESTEAD, FL 33033 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KELLEY, JAMES,
Address: 29035 SW 152 AVE
City-St-Zip: HOMESTEAD, FL 33033

Title: ST () Delete
Name: KELLEY, SUSAN
Address: 29035 SW 152 AVE
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN KELLEY

ST

01/09/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date