

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000031705

**Entity Name:** CITY TAX SERVICES, INC

**Current Principal Place of Business:**

4770 BARNES RD  
4  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

4770 BARNES RD  
4  
JACKSONVILLE, FL 32207

**FEI Number:** 46-3161735

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALCIDE, DIEUSEUL  
4770 BARNES RD  
STE 4  
JACKSONVILLE, FL 32207 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ALCIDE, DIEUSEUL  
Address        5669 W BEAVER STREET  
City-State-Zip: JACKSONVILLE FL 32254

Title            VP  
Name            EXAMAR, ELIETTE  
Address        3434 BLANDING BLVD  
                  STE 215  
City-State-Zip: JACKSONVILLE FL 32254

Title            TRES  
Name            JHENSEN, JUNIE  
Address        4770 BARNES RD UNIT 1  
City-State-Zip: JACKSONVILLE FL 32207

*I hereby 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 all other like empowered.*

**SIGNATURE:** DIEUSEUL ALCIDE

P

03/29/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date