

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K32844

**Entity Name:** TAXRESOURCES, INC.

**Current Principal Place of Business:**

600 COOLIDGE DRIVE SUITE 300  
SUITE 300  
FOLSOM, CA 95630

**Current Mailing Address:**

600 COOLIDGE DRIVE SUITE 300  
FOLSOM, CA 95630 US

**FEI Number: 33-0336176**

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            CEO  
Name            SINDT, JACOB J  
Address        6815 POCA MONTOYA DRIVE  
City-State-Zip: GRANITE BAY CA 95746

Title            DIRECTOR  
Name            SINDT, JACOB J  
Address        6815 POCA MONTOYA DRIVE  
City-State-Zip: GRANITE BAY CA 95746

Title            PRESIDENT  
Name            SINDT, JACOB J  
Address        6815 POCA MONTOYA DRIVE  
City-State-Zip: GRANITE BAY CA 95746

Title            SECRETARY  
Name            LEE, KURT  
Address        1011 CASTEC DR.  
City-State-Zip: SACRAMENTO CA 95864

Title            TREASURER  
Name            LEE, KURT  
Address        1011 CASTEC DR.  
City-State-Zip: SACRAMENTO CA 95864

*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:** JACOB J SINDT

**PRESIDENT**

**04/20/2021**

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

\_\_\_\_\_  
Date