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## FLORIDA ANNUAL REPORT

DUE DATE: MAY 1ST, 2026

Company Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have any changes? \_\_\_NO \_\_\_YES

If Yes: \_\_\_\_\_

\_\_\_\_\_

Client requesting renewal: \_\_\_\_\_

Position within corporation: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

### Payment:

Credit card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

By signing this form I (client) am stating to be an authorized personal to make changes, furthermore JRC tax Experts is not responsible.

Florida State Renewal fee (\$150) and for Office service fee (\$50) = \$200

### THIS SECTION IS RESERVED FOR STAFF ONLY

Staff only

Date of Renewal: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

Date Charged: \_\_\_\_/\_\_\_\_/\_\_\_\_