

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90271 019 ***150.00

DOCUMENT # L52828

1. Entity Name

THE BOOKKEEPER AND ASSOCIATES, INC.



Principal Place of Business

2667 B N FL AVE
 HERNANDO FL 34442
 US

Mailing Address

P. O. BOX 1478
 HERNANDO FL 34442
 US

34070303



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2996245

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PONDER, CHARLES J.
 2667-B N. FLORIDA AVE
 HERNANDO FL 32642

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

21 BEVERLY HILLS BLVD

City

BEVERLY HILLS FL

Zip Code

34465

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE Delete
 NAME PSTD
 STREET ADDRESS PONDER, CHARLES J.
 CITY-ST-ZIP 21 BEVERLY HILLS BLVD
 BEVERLY HILLS FL

TITLE Delete
 NAME D
 STREET ADDRESS HILL, N S
 CITY-ST-ZIP RR 3 - BOX 112-260
 DONIPHAN MO

TITLE Delete
 NAME
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 CITY-ST-ZIP

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TITLE Delete
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 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles J. Ponder
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES J. PONDER

Date

4/26/04 352-746-9960
 Daytime Phone #