

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90033 021 ***150.00

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1. Entity Name
PROFESSIONAL TAX MANAGEMENT, INC.

Principal Place of Business Mailing Address
 3149 PONCE DE LEON BLVD, UNIT #7 3149 PONCE DE LEON BLVD, UNIT #7
 ST AUGUSTINE, FL 32084 ST AUGUSTINE, FL 32084

01082004 Chg-P CR2E034 (10/03)



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-1175675** Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIENIEK, ANNA
3149 PONCE DE LEON BLVD, UNIT #7
ST AUGUSTINE, FL 32084

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVTS** Delete
 NAME **BIENIEK, ANNA**
 STREET ADDRESS **3149 PONCE DE LEON BLVD, UNIT #7**
 CITY-ST-ZIP **ST AUGUSTINE, FL 32084**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BIENIEK, ANNA**
 STREET ADDRESS **3601 WINDJAMMER LANE**
 CITY-ST-ZIP **ST AUGUSTINE, FL 32084**

TITLE **D** Change Addition
 NAME **BIENIEK, ANNA**
 STREET ADDRESS **2740 C.H. ARNOLD RD**
 CITY-ST-ZIP **ST AUGUSTINE, FL 32092**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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 other like empowered.

SIGNATURE: Anna Bieniek Pres. ANNA BIENIEK 3/12/04 (904) 829-2209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #