


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000018898 1. Entity Name PROFESSIONAL TAX MANAGEMENT, INC.	
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Principal Place of Business 3149 PONCE DE LEON BLVD, UNIT #7 ST AUGUSTINE, FL 32084	Mailing Address 3149 PONCE DE LEON BLVD, UNIT #7 ST AUGUSTINE, FL 32084
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1175675	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS BIENIEK, ANNA 3149 PONCE DE LEON BLVD, UNIT #7 ST AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIENIEK, ANNA 2740 C.H. ARNOLD RD. SAINT AUGUSTINE, FL 32092
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 01/19/05-80017-017 150.00

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: Anna Bieniek ANNA BIENIEK 1/10/05 (904) 829-1818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Certificate Filing Fee