


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90106 039 ***150.00

DOCUMENT # P03000018898

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**

50010862



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04062006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-1175675 Not Applicable

5. Certificate of Status Desired **\$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

7. Name and Address of New Registered Agent

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 _____
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, 2006 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 | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BIENIEK, ANNA | | | NAME | | | |
| STREET ADDRESS | 3149 PONCE DE LEON BLVD, UNIT #7 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | ST AUGUSTINE, FL 32084 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BIENIEK, ANNA | | | NAME | | | |
| STREET ADDRESS | 2740 C.H. ARNOLD RD. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | SAINT AUGUSTINE, FL 32092 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **ANNABIENIEK** 4/10/06 (904)829-1818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #