

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 642256

1. Entity Name
SIMPLIFIED BOOKKEEPING AND TAX SERVICES, INC.



Principal Place of Business

INC.
4206 BIRCHWOOD AVENUE
JACKSONVILLE, FL 32207

Mailing Address

INC.
4206 BIRCHWOOD AVENUE
JACKSONVILLE, FL 32207



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
59-1939920

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ISAAC, FRED C.
4206 BIRCHWOOD AVENUE
JACKSONVILLE, FL 32207

**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

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000137997
04/29/04-80063-001 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ISAAC, FRED.
STREET ADDRESS 4206 BIRCHWOOD AVE.
CITY-ST-ZIP JACKSONVILLE, FL

TITLE STD
NAME ISSAC, MONA
STREET ADDRESS 4206 BIRCHWOOD AVE.
CITY-ST-ZIP JACKSONVILLE, FL

TITLE D
NAME ISAAC, BRETT JASON
STREET ADDRESS 4206 BIRCHWOOD AVENUE
CITY-ST-ZIP JACKSONVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #