

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # F01147		
1. Entity Name EXECUTIVE ACCOUNTING & BOOKKEEPING SERVICE, INC.		
Principal Place of Business 412 SOUTH CONGRESS WEST PALM BEACH, FL 33406	Mailing Address 412 SOUTH CONGRESS WEST PALM BEACH, FL 33406	



01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2034983	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COLLINS, JERRY 412 SOUTH CONGRESS AVE WEST PALM BEACH, FL 33406	DO NOT WRITE IN THIS SPACE
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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 reappointing) DATE _____

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

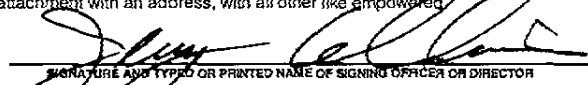
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U00000088264
03/15/04-80044-019 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD COLLINS, JERRY 11718 ORANGE GROVE BLVD W. PALM BCH., FL 33411
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**DO NOT WRITE
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(2)(f), 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:  **3/12/04 800-688-7784**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #