


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F99000004855</b>	
1. Entity Name JTH TAX, INC.	

Principal Place of Business 4575 BONNEY RD VIRGINIA BEACH, VA 23462 US	Mailing Address 4575 BONNEY RD VIRGINIA BEACH, VA 23462 US
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02042004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 54-1828391	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  CORPAMERICA, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301
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**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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000056618 02/19/04-00027-016-150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HEWITT, JOHN 4575 BONNEY ROAD VIRGINIA BEACH, VA 23462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPM O'GORMAN, MARTHA 4575 BONNEY ROAD VIRGINIA BEACH, VA 23462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HALLIGAN, DONNA 4575 BONNEY ROAD VIRGINIA BEACH, VA 23462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ROBINSON, RIM 4575 BONNEY ROAD VIRGINIA BEACH, VA 23462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO TRAINOR, MICHAEL 4575 BONNEY RD VIRGINIA BEACH, VA 23462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBSON, GEORGE 4575 BONNEY ROAD VIRGINIA BEACH, VA 23462

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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:**  **2/14/04 (757) 493-8855**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #