

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # J49817 1. Entity Name ACCOUNTING FOR YOU, INC.																																													
Principal Place of Business PONTE VEDRA CENTRE 200 EXECUTIVE WAY PONTE VEDRA, FL 32082		Mailing Address PONTE VEDRA CENTRE 200 EXECUTIVE WAY PONTE VEDRA, FL 32082																																											
DO NOT WRITE IN THIS SPACE																																													
		 04142004 No Chg-P CR2E034 (10/03)																																											
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 59-2750931</td><td style="width: 20%;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 59-2750931	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																							
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6. Name and Address of Current Registered Agent LEMASTER, JOSH P 5004 BUTTONWOOD DR PONTE VEDRA BCH, FL 32082		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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																											
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><th colspan="2" style="text-align: center;">10. OFFICERS AND DIRECTORS</th></tr><tr><td style="width: 15%;">TITLE</td><td>P</td></tr><tr><td>NAME</td><td>LEMASTER, JOSH P</td></tr><tr><td>STREET ADDRESS</td><td>5004 BUTTONWOOD DR</td></tr><tr><td>CITY - ST - ZIP</td><td>PONTE VEDRA, FL</td></tr><tr><td>TITLE</td><td>VP</td></tr><tr><td>NAME</td><td>LEMASTER, TAMMY S</td></tr><tr><td>STREET ADDRESS</td><td>5004 BUTTONWOOD DR</td></tr><tr><td>CITY - ST - ZIP</td><td>PONTE VEDRA BCH., FL</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr></table>		10. OFFICERS AND DIRECTORS		TITLE	P	NAME	LEMASTER, JOSH P	STREET ADDRESS	5004 BUTTONWOOD DR	CITY - ST - ZIP	PONTE VEDRA, FL	TITLE	VP	NAME	LEMASTER, TAMMY S	STREET ADDRESS	5004 BUTTONWOOD DR	CITY - ST - ZIP	PONTE VEDRA BCH., FL	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<div style="text-align: right; margin-bottom: 20px;">000000114586 04/15/04-80055-022 150.00</div> DO NOT WRITE IN THIS SPACE	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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: <u><i>Tammy S. Lemaster</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/14/04 904.285.3073 <small>Date Daytime Phone #</small>																																											