

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # K48330

1. Entity Name
CULLEN ACCOUNTING AND TAX SERVICES, INC.



Principal Place of Business
131 WYNNEHAVEN BCH RD
MARY ESTHER, FL 32569 US

Mailing Address
131 WYNNEHAVEN BCH RD
MARY ESTHER, FL 32569 US



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2920389
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CULLEN, RUTH M.
131 WYNNEHAVEN BCH RD
MARY ESTHER, FL 32569

**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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CULLEN, RUTH M.
STREET ADDRESS	131 WYNNEHAVE BCH RD
CITY-ST-ZIP	MARY ESTHER, FL
TITLE	ST
NAME	CULLEN, WILLIAM J., JR.
STREET ADDRESS	131 WYNNEHAVE BCH RD
CITY-ST-ZIP	MARY ESTHER, 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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01/15/04-80044-007 150.00

**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(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:

Ruth M. Cullen RUTH M CULLEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/04

Date

850-581-0306

Daytime Phone #