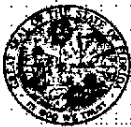


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # K66880 1. Entity Name J.P. ACCOUNTING SERVICE, INC.	
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Principal Place of Business 231 GOLDENRAIN DRIVE APT 105 KISSIMMEE, FL 34747 US	Mailing Address 231 GOLDENRAIN DRIVE APT 105 KISSIMMEE, FL 34747 US
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01082004 No Chg:P CP2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0104208	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PIELOCH, JOSEPH 231 GOLDEN RAIN DRIVE 105 CELEBRATION, FL 34747

**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 _____
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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	U00000130530 04/26/04-80121-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT PIELOCH, JOSEPH 231 GOLDEN RAIN DRIVE 105 CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PIELOCH, DEIRDRE B 231 GOLDEN RAIN DRIVE 105 CELEBRATION, FL 34747
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Joseph A. Pieloch</i> JOSEPH PIELOCH 4-23-04 407 566-095	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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