2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State
04-13-2005 90049 026 ***150.00

DOCUMENT # K66880

1. Entity Name
J.P. ACCOUNTING SERVICE, INC.

10004975

Principal Place of Business	Mailing Address
231 GOLDENRAIN DRIVE APT 105 KISSIMMEE, FL 34747 US	231 GOLDENRAIN DRIVE APT 105 KISSIMMEE, FL 34747 US

04102005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1758 CONIFER AVE	1758 CONIFER AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KISSIMMEE, FL	City & State: KISSIMMEE, FL
Zip: 34758 Country: OSEOLA	Zip: 34758 Country: OSCEOLA

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
231GOLDEN RAINDRIVE
105
CELEBRATION, FL 34747

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 1758 CONIFER AVE.
City: KISSIMMEE FL Zip Code: 34758

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: Joseph Pieloch 4-10-05
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT PIELOCH, JOSEPH 231 GOLDEN RAIN DRIVE 105 CELEBRATION, FL 34747	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 1758 CONIFER AVE KISSIMMEE, FL. 34758	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PIELOCH, DEIRDRE B 231 GOLDEN RAIN DRIVE 105 CELEBRATION, FL 34747	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 1758 CONIFER AVE KISSIMMEE, FL. 34758	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Joseph Pieloch 4-10-05 407-931-3233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #