


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90655 032 \*\*\*150.00

<b>DOCUMENT # L16212</b>		
1. Entity Name <b>SIGNATURE TAX &amp; ACCOUNTING SERVICE, INC.</b>		
Principal Place of Business <b>% GERALD H. PARRIS 310 FAIRPOINT DR GULF BREEZE, FL 32561</b>	Mailing Address <b>% GERALD H. PARRIS 310 FAIRPOINT DR GULF BREEZE, FL 32561</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>PARRIS, GERALD H. 310 FAIRPOINT DR GULF BREEZE, FL 32561</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00.</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, HOWITT D. 1551 VIA DE LUNA GULF BREEZE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRIS, GERALD H. 310 FAIRPOINT DR GULF BREEZE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, CASSANDRA 156 WILLOW LN ATLANTA, GA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Gerald H. Parris</u> <b>GERALD H PARRIS</b> <u>4/28/04</u> <u>850-932-4066</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		