

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 08:00 A
Secretary of State

DOCUMENT # L39197

1. Entity Name
STOKES ACCOUNTING & BUSINESS CONSULTANTS,
P.A.



Principal Place of Business
1035 W. DIXIE AVE.
LEESBURG, FL 34748 US

Mailing Address
PO BOX 493223
LEESBURG, FL 34749-3223 US



01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3002437

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOKES, BERYL N. III
1035 W. DIXIE AVENUE
LEESBURG, FL 34748

**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 required at point of filing of current registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-instating)

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

TITLE	D
NAME	STOKES, BERYL N. III
STREET ADDRESS	1035 W DIXIE AVENUE
CITY, ST, ZIP	LEESBURG, FL
TITLE	T
NAME	STOKES, KAREN K
STREET ADDRESS	1035 W DIXIE AVNUE
CITY, ST, ZIP	LEESBURG, FL 34748
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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02/04/05-80003-016 150.00

**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: Karen K. Stokes (Karen K. Stokes) 1/31/05 352-728-0980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #