

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90062 003 ***150.00



DOCUMENT # P01000083662

1. Entity Name
STEPHEN C. YAGER - TAX & ACCOUNTING SERVICE, INC.

Principal Place of Business
**805 S. MAGNOLIA AVE STE #D
 OCALA, FL 34474**

Mailing Address
**P.O. BOX 160
 OCALA, FL 34478**

94067548



03192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address
P.O. Box 160A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
INWESS, FL

4. FEI Number
59-3740333

Applied For
 Not Applicable

Zip

Country

Zip
34451

Country
FL

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YAGER, STEPHEN C
 805 S. MAGNOLIA AVE STE #D
 OCALA, FL 34474**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	YAGER, STEPHEN C	NAME	President Stephen C. Yager
STREET ADDRESS	P.O. BOX 160	STREET ADDRESS	P.O. Box 160A
CITY-ST-ZIP	OCALA, FL 34478	CITY-ST-ZIP	INWESS, FL 34451
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME		NAME	Secretary Sharon J. Angsten
STREET ADDRESS		STREET ADDRESS	P.O. Box 160A
CITY-ST-ZIP		CITY-ST-ZIP	INWESS, FL 34451
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04
 Date

Daytime Phone #