

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90033 021 \*\*\*150.00

**DOCUMENT # P03000018898**

1. Entity Name  
**PROFESSIONAL TAX MANAGEMENT, INC.**



Principal Place of Business  
**3149 PONCE DE LEON BLVD, UNIT #7  
ST AUGUSTINE, FL 32084**

Mailing Address  
**3149 PONCE DE LEON BLVD, UNIT #7  
ST AUGUSTINE, FL 32084**

01082004 Chg-P CR2E034 (10/03)



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1175675**

Applied For

Not Applicable

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

**BIENIEK, ANNA  
3149 PONCE DE LEON BLVD, UNIT #7  
ST AUGUSTINE, FL 32084**

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

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVTS  
BIENIEK, ANNA  
3149 PONCE DE LEON BLVD, UNIT #7  
ST AUGUSTINE, FL 32084**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BIENIEK, ANNA  
2740 C.H. ARNOLD RD  
ST AUGUSTINE, FL 32092**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BIENIEK, ANNA  
3601 WINDJAMMER LANE  
ST AUGUSTINE, FL 32084**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BIENIEK, ANNA  
2740 C.H. ARNOLD RD  
ST AUGUSTINE, FL 32092**

☒ Change ☐ Addition

TITLE  
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☐ Delete

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☐ 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 other like empowered.

**SIGNATURE:**

**Anna Bieniek Pres. ANNA BIENIEK 3/12/04 (904) 829-2209**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #