

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000025385

1. Entity Name  
JANSEN BOOKKEEPING & TAX SERVICES, INC.



Principal Place of Business  
18256 TEMPLE AVE.  
PORT CHARLOTTE, FL 33948

Mailing Address  
18256 TEMPLE AVE.  
PORT CHARLOTTE, FL 33948

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09302004

Chg-P

CR2E034 (10/03)

4. FEI Number

11-3674923

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JANSEN, BETH M  
18256 TEMPLE AVE.  
PORT CHARLOTTE, FL 33948

7. Name and Address of New Registered Agent

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME JANSEN, BETH M  
STREET ADDRESS 18256 TEMPLE AVE.  
CITY-ST-ZIP PORT CHARLOTTE, FL 33948 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/7/04  
Date

941-626-7602  
Daytime Phone #

FILED

04 OCT 11 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



th

400041856134  
10/13/04--01051--005 \*\*150.00

ps 2 of 2

*Jansen Bookkeeping & Tax Services, Inc.*  
18256 Temple Avenue  
Port Charlotte, FL 33948  
(941) 626-7602

9-30-04

To Whom It May Concern:

I received a Notice of Intent to Dissolve for my 2003 Uniform Business Report. I filed my 2003 Uniform Business Report online on May 1, 2004. After receiving this notice I researched my bank records and realized that the \$150.00 payment was never deducted from my bank account. I have enclosed a check in the amount of \$150.00 and a copy of the receipt and notice for your review. I hope that this will be sufficient to keep my corporation active. If you need any additional information, please contact me at (941) 626-7602.

Thank you,



Beth Jansen  
President