

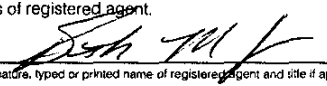
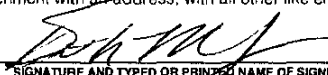


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90106 030 ***150.00

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 1836 Remus Avenue Suite, Apt. #, etc.		3. Mailing Address 1836 Remus Avenue Suite, Apt. #, etc.		<div style="float: right; font-weight: bold; font-size: 1.2em;">50050571</div> 																									
City & State North Port, FL Zip Country 34286 Sarasota		City & State North Port, FL Zip Country 34286 Sarasota		4. FEI Number 11-3674923																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																									
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) 1836 Remus Avenue City North Port FL Zip Code 34286																										
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  Beth M. Jansen, President 4/29/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PD</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JANSEN, BETH M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>18256 TEMPLE AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT CHARLOTTE, FL 33948</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	JANSEN, BETH M		STREET ADDRESS	18256 TEMPLE AVE.		CITY-ST-ZIP	PORT CHARLOTTE, FL 33948		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">1836 Remus Avenue</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>North Port FL 34286</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	1836 Remus Avenue	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	North Port FL 34286		STREET ADDRESS			CITY-ST-ZIP		
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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:  Beth M. Jansen, Pres. 4/29/05 941-429-0669 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													