


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90232 009 \*\*\*150.00

<b>DOCUMENT # P03000025385</b> 1. Entity Name <b>JANSEN BOOKKEEPING &amp; TAX SERVICES, INC.</b>																							
Principal Place of Business <b>1836 REMUS AVENUE NORTH PORT, FL 34286</b>		Mailing Address <b>1836 REMUS AVENUE NORTH PORT, FL 34286</b>																					
2. Principal Place of Business <b>1700 Tamiami Trail</b> Suite, Apt. #, etc. <b>Unit E-1</b>		3. Mailing Address <b>1700 Tamiami Trail</b> Suite, Apt. #, etc. <b>Unit E-1</b>																					
City & State <b>Port Charlotte FL</b> Zip <b>33948</b>		City & State <b>Port Charlotte FL</b> Zip <b>33948</b>																					
4. FEI Number <b>11-3674923</b>		Applied For <input type="checkbox"/> Not Applicable																					
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																					
6. Name and Address of Current Registered Agent  <b>JANSEN, BETH M 1836 REMUS AVENUE NORTH PORT, FL 34286</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>600 Chamber Street NW</b> City <b>Port Charlotte</b> <b>FL</b> Zip Code <b>33948</b>																					
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 <u><i>Beth M Jansen</i></u> <b>President</b> <span style="float: right;">4/29/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PD</td> <td style="width: 20%; 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>1836 REMUS AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NORTH PORT, FL 34286</td> <td></td> </tr> </table>		TITLE	PD	<input type="checkbox"/> Delete	NAME	JANSEN, BETH M		STREET ADDRESS	1836 REMUS AVENUE		CITY-ST-ZIP	NORTH PORT, FL 34286		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>600 Chamber Street NW</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Port Charlotte FL 33948</td> </tr> </table>		TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS	600 Chamber Street NW	CITY-ST-ZIP	Port Charlotte FL 33948
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.																							
<b>SIGNATURE:</b> <u><i>Beth M Jansen</i></u> <b>Beth M Jansen</b> <span style="float: right;">4/29/06 941-626-7602</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																							