2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000102170

1. Entity Name STEVEN F. SIPKOVSKY, C.P.A., P.A.



Jan 19, 2005 08:00 AM Secretary of State

FILED

Principal Place of Business

Mailing Address

830-13 A1A N, #102

SIGNATURE:

PONTE VEDRA BEACH, FL 32082

830-13 A1A N, #102 PONTE VEDRA BEACH, FL 32082



DO NOT WRITE IN THIS SPACE

01132005 No Chg-P		CH2E034 (10/03)		
4. FEI Number			Applied For	
51-04862	251		Not Applicable	
5. Certificate of	Status Desired		\$8.75 Additional	

Fee Required

(904) 273-0587

Daytime Phone #

1-14-05

Date

6. Name and Address of Current Registered Agent

SIPKOVSKY, STEVEN F 269 ODOMS MILL BLVD PONTE VEDRA BEACH, FL 32082

DO NOT WRITE IN THIS SPACE

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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.					
SIGNATURESignature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE					
Signature, typed or printed name of registored agent and title if applicable. (NOTE Registored Agent signature required when reinstating) DATE					
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financin Trust Fund Contribution.			sing \$5.00 May E Added to Fees	3e	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIPKOVSKY, STEVEN F 830-13 A1A N, #102 PONTE VEDRA BEACH, FL 32082			01/21/05-80021-023 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY+ST-ZIP			D	O NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			in .	N THIS SPACE	
TITLE NAME STREET ADDRESS GITY - ST - ZIP	-				
TITLE NAME STREET ADDRESS 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 if changed, or on an attachment with an address, with all other like empowered.					

STONEY SIAMOSKY