


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State


04-21-2008 90097 002 ***150.00

DOCUMENT # P03000102170	
1. Entity Name STEVEN F. SIPKOVSKY, C.P.A., P.A.	

Principal Place of Business 830-13 A1A N, #102 PONTE VEDRA BEACH, FL 32082	Mailing Address 830-13 A1A N, #102 PONTE VEDRA BEACH, FL 32082
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2. Principal Place of Business - No P.O. Box # 4929 ATLANTIC BLVD	3. Mailing Address 4469 COMANCHE TRAIL BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State JACKSONVILLE FL	City & State ST JOHNS FL
Zip 32207	Country DUVAL
Zip 32259	Country ST JOHNS

40075799



02202008 Chg-P CR2E034 (12/06)

4. FEI Number 51-0486251	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SIPKOVSKY, STEVEN F 4469 CONANCHE TRAIL BLVD JACKSONVILLE, FL 32259	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIPKOVSKY, STEVEN F 830-13 A1A N, #102 PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4469 COMANCHE TRAIL BLVD ST JOHNS FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Steven F. Sipkovsky* STEVEN F. SIPKOVSKY **4-16-08** **(904) 230-7391**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #