


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P92000004814  
 1. Entity Name  
 BARNOCKY'S ACCOUNTING AND TAX SERVICE, INC.



Principal Place of Business      Mailing Address  
 890 NORTHERN WAY #A-1      890 NORTHERN WAY #A-1  
 WINTER SPRGS, FL 32708-3880 US      WINTER SPRGS, FL 32708-3880 US

**DO NOT WRITE IN THIS SPACE**



01142004    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-3149483	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 BARNOCKY, JOHN A  
 890 NORTHERN WAY  
 STE A-1  
 WINTER SPRINGS, FL 32708

**DO NOT WRITE IN THIS SPACE**

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)  
Signature, typed or printed name of registered agent and title if applicable.      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000075647  
 03/03/04-80068-009 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD BARNOCKY, JOHN A SR. 749 ANDOVER CIR WINTER SPGS, FL 327086113
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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: John A Barnocky      Date: 3/1/2004      Daytime Phone #: 407-359-1366

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