


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000078075  
 1. Entity Name  
 SPACECOAST BOOKKEEPING & TAXES, INC.



Principal Place of Business  
 25 N ORLANDO AVE  
 COCOA BEACH, FL 32931

Mailing Address  
 25 N ORLANDO AVE  
 COCOA BEACH, FL 32931

**DO NOT WRITE IN THIS SPACE**



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 59-3206014

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SACCHITELLA, ROBERT E.  
 25 N ORLANDO AVE  
 COCOA BEACH, FL 32931

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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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SACCHITELLA, ROBERT E 25 N ORLANDO AVE COCOA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SACCHITELLA, STEVEN K 25 N ORLANDO AVE COCOA BEACH, FL 32831
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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000000091816  
 03/18/04-80024-001 150.00

**DO NOT WRITE IN THIS SPACE**

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: Steven K. Sacchitella STEVEN K. SACCHITELLA 3-16-04 321-781-3880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #