


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90314 037 ***150.00

DOCUMENT # P94000053773	
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1. Entity Name

IN BALANCE BOOKKEEPING, INC.

Principal Place of Business

698 NE SPANISH RIVER BLVD
15
BOCA RATON FL 33431

Mailing Address

PO BOX 2849
DELRAY BEACH FL 33447

2. Principal Place of Business

1746 PERSIDE CIRCLE

3. Mailing Address

SAME

Suite, Apt. #, etc.

WELLINGTON FL

Suite, Apt. #, etc.

City & State

City & State

Zip
33414

Country

FLORIDA

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0509084

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERRY, MARK A
2605-B LOWSON BLVD.
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name JACQUELIN CASAGNI

Street Address (P.O. Box Number is Not Acceptable)

1746 PERSIDE CIRCLE

City WELLINGTON

FL

Zip Code

33414

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

Jacqueline Casagni

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	CASAGNI, JACQUELIN	
STREET ADDRESS	698 NE SPANISH RIVER BLVD #15	
CITY - ST - ZIP	BOCA RATON FL 33431	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		

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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE:

Jacqueline Casagni
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/05

561 732 1040