

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90050 036 ***150.00

DOCUMENT # P96000032526

1. Entity Name
IN TOUCH BOOKKEEPING, INC.



Principal Place of Business
165 NW 80 AVE
MARGATE, FL 33063 US

Mailing Address
165 NW 80TH AVE
MARGATE, FL 33063 US

24017515



2. Principal Place of Business

3554 Woods Walk Blvd.
Suite, Apt. #, etc.

3. Mailing Address

3554 Woods Walk Blvd.
Suite, Apt. #, etc.

01142004 Chg-P CR2E034 (10/03)

City & State
Lake Worth, FL
Zip 33467 Country US

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Lake Worth, FL
Zip 33467 Country US

4. FEI Number
65-0672007
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MATISKA, VIVIAN MARIE
165 NW 80 AVE
MARGATE, FL 33063

7. Name and Address of New Registered Agent

Name Marie Matiska
Street Address (P.O. Box Number is Not Acceptable)
3554 Woods Walk Blvd.
City Lake Worth FL Zip Code 33467

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 *Vivian Marie Matiska*
Signature, typed or printed name of registered agent and title if applicable.

3/1/04
DATE

(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 P
NAME MATISKA, VIVIAN MARIE
STREET ADDRESS 165 NW 80 AVE
CITY-ST-ZIP MARGATE, FL 33063 ☐ Delete

TITLE VP
NAME MATISKA, CHRISTOPHER GE
STREET ADDRESS 165 NW 80 AVE
CITY-ST-ZIP MARGATE, FL 33063 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Vivian Marie Matiska* 3/1/04 561-642-7637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #