


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P97000003573 1. Entity Name A BY THE NUMBER ACCOUNTING & TAX SERVICE, INC. |  |
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|--|--|
| Principal Place of Business 1929 IMPERIAL GOLF COURSE BLVD. NAPLES, FL 34110 | Mailing Address 1929 IMPERIAL GOLF COURSE BLVD. NAPLES, FL 34110 |
|--|--|

DO NOT WRITE IN THIS SPACE



01152004 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3422996 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

WAKELAND, DAVID JR.
1929 IMPERIAL GOLF COURSE BLVD.
NAPLES, FL 34110

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 _____ 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 | PVST WAKELAND, DAVID JR 1929 IMPERIAL GOLF COURSE BLVD. NAPLES, FL 34110 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V WAKELAND, MARCELLA 1929 IMPERIAL GOLF COURSE BLVD. NAPLES, FL 34110 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP WAKELAND, MARCELLA 664 100TH AVE N NAPLES, FL 34108 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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04/29/04-R0129-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: David Wakeland Date: 4/27/04 Daytime Phone #: 239-596-9739