


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000030183 1. Entity Name GONCALVES ACCOUNTING & TAX, INC	
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Principal Place of Business 205 5TH ST N ST. PETERSBURG, FL 33701	Mailing Address 205 5TH ST N ST. PETERSBURG, FL 33701
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DO NOT WRITE IN THIS SPACE



04072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3439546	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

GONCALVES, NAIR
 224 6TH AVE. N APT #6
 ST. PETERSBURG, FL 33701

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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

U00000113124
 04/14/04-80051-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONCALVES, NAIR 224 6TH AVE NORTH #6 ST. PETERSBURG, FL 33701
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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: *Naair Goncalves* 4/10/04 (727) 821-8454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #