

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90738 003 ***150.00

DOCUMENT # P98000091847					
1. Entity Name BUSINESS ACCOUNTING & TAX PROFESSIONALS, INC.					
Principal Place of Business 900 E. OCEAN BLVD. SUITE 232 STUART, FL 34994			Mailing Address 900 E. OCEAN BLVD. SUITE 232 STUART, FL 34994		
2. Principal Place of Business 485 SW TAKIN LN Suite, Apt. #, etc.		3. Mailing Address 485 SW TAKIN LN Suite, Apt. #, etc.			
City & State Port St. Lucie FL Zip 34986 Country St. Lucie		City & State Port St. Lucie FL Zip 34986 Country St. Lucie		04212004 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0874376				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAZI, LEIF J. 900 E. OCEAN BLVD. SUITE 232 STUART, FL 34994			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MP BIANCO, JANEEN M 900 E. OCEAN BLVD. SUITE 232 STUART, FL 34994		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS PICCIANO, PARTICE 900 E. OCEAN BLVD. STE 232 STUART, FL 34994		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	485 SW TAKIN LN Port St Lucie FL 34986		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Partice Picciano</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/30/04 772) 879-2766 Date Daytime Phone #		