


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90298 012 \*\*\*150.00

<b>DOCUMENT # P99000032792</b> 1. Entity Name <b>A &amp; A BOOKKEEPING &amp; TAX SERVICES, INC.</b>			
Principal Place of Business <b>108 CHIPPEWA TRAIL CRESTVIEW, FL 32536</b>		Mailing Address <b>108 CHIPPEWA TRAIL CRESTVIEW, FL 32536</b>	
2. Principal Place of Business <b>285 Coyote Rd</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>285 Coyote Rd</b> <small>Suite, Apt. #, etc.</small>	
City & State <b>DeFuniak Springs, FL</b> <small>Zip Country</small> <b>32433 Walton</b>		City & State <b>DeFuniak Springs, FL</b> <small>Zip Country</small> <b>32433 Walton</b>	
4. FEI Number <b>59-3572469</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WIRTH, GLORIA J 108 CHIPPEWA TRAIL CRESTVIEW, FL 32536</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <b>285 Coyote Rd</b> City <b>DeFuniak Springs</b> <b>FL</b> Zip Code <b>32433</b>	
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: <u>Gloria J. Wirth</u> <i>[Signature]</i> <b>4/18/05</b> <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WIRTH, GLORIA J 108 CHIPPEWA TRAIL CRESTVIEW, FL 32536</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Coyote 285 Coyote Rd DeFuniak Springs, FL 32433</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPST WIRTH, DENNIS 108 CHIPPEWA TRAIL CRESTVIEW, FL 32536</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>285 Coyote Rd DeFuniak Springs, FL 32433</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE: <u>Gloria J. Wirth</u> <i>[Signature]</i> <b>4/18/05 850-892-9861</b></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			