


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # S21341 1. Entity Name BUSINESS/PERSONAL INCOME TAX & ACCOUNTING SERVICE, INC.	
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Principal Place of Business 4101 63RD STREET NORTH ST. PETERSBURG, FL 33709-5037	Mailing Address 4101 63RD STREET NORTH ST. PETERSBURG, FL 33709-5037
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DO NOT WRITE IN THIS SPACE



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3044879	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SPENCER, KENNETH
63RD STREET NORTH
PETERSBURG, FL 33704

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U000000080233

03/08/04-80233-015 150.00

**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**

~~U000000081548~~
~~02/24/04-80233-017 150.00~~

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SPENCER, KENNETH 4101 63RD ST. NO. ST. PETERSBURG, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SPENCER, KENNETH 4101 63RD ST. NO. ST. PETERSBURG, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SKALSKI, JOSEPH C. 13770 58TH ST. NO. #303 CLEARWATER, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:

J. K. Spencer

J. K. SPENCER

2.20.04

727-3819411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #