


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.



Principal Place of Business
**4101 63RD STREET NORTH
 ST. PETERSBURG, FL 33709-5037**

Mailing Address
**4101 63RD STREET NORTH
 ST. PETERSBURG, FL 33709-5037**

DO NOT WRITE IN THIS SPACE



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3044879 Applied For
 Not Applicable

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 _____ U00000080233
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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**

~~U00000081548
 02/24/04-00000-017 150.00~~

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SPENCER, KENNETH 4101 63RD ST. NO. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SPENCER, KENNETH 4101 63RD ST. NO. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SKALSKI, JOSEPH C. 13770 58TH ST. NO. #303 CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 #