

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 A
Secretary of State

DOCUMENT # V39047

1. Entity Name
C J'S ACCOUNTING & TAX SERVICE, INC.



Principal Place of Business
373 B E. JEFFERSON STREET
QUINCY, FL 32351 US

Mailing Address
373 E. JEFFERSON ST.
QUINCY, FL 32351 US



04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3123176

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, BARBARA
373A E JEFFERSON STREET
QUINCY, FL 32351

**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) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

1100000329898
04/25/05-00143-001 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME JOHNSON, CHARLES
STREET ADDRESS 372 DOGWOOD TRAIL
CITY-ST-ZIP QUINCY, FL 32351

TITLE D
NAME COOPER, NINA K
STREET ADDRESS 373 E JEFFERSON ST
CITY-ST-ZIP QUINCY, FL 32351

TITLE VP
NAME JOHNSON, BARBARA A
STREET ADDRESS 372 DOGWOOD TRAIL
CITY-ST-ZIP QUINCY, FL 32351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Barbara Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-05 (850) 875-4391
Date Daytime Phone #