2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 03, 2004 08:00 AM **DOCUMENT # 428646 Secretary of State** 1. Entity Name COMPUTER ACCOUNTING SERVICES, INC. Principal Place of Business Mailing Address 700 E. ATLANTIC BOULEVARD 700 E. ATLANTIC BOULEVARD **ROOM 204** POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-1464876 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KENOYER, GEORGE E. Street Address (P.O. Box Number is Not Acceptable) 700 E ATLANTIC BLVD ROOM 204 POMPANO BCH FL 33060 Crtv 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Addition NAME KENOYER, LUCINDA S NAME 000000074944 STREET ADDRESS 729 NW 82ND AVENUE STREET ADDRESS 03/03/04-80037-016 150.00 CITY-ST-ZIP CORAL SPRINGS, FL 00000 CITY-ST-ZIP ☐ Defete TITLE Change Addition KENOYER, GEORGE E. NAME STREET ADDRESS 729 NW 82ND AVENUE STREET ADDRESS CORAL SPRINGS, FL 00000 CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CtTY-ST-ZiP TITLE Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

FILED