2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 428646

1. Entity Name

COMPUTER ACCOUNTING SERVICES, INC.

Principal Place of Business	Mailing Address
700 E. ATLANTIC BOULEVARD ROOM 204 POMPANO BEACH FL 33060	700 E. ATLANTIC BOULEVARD ROOM 204 POMPANO BEACH FL 33060

1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1464876 ☐ Applied For ☐ Not Applicab

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

6. Name and Address of Current Registered Agent

KENOYER, GEORGE E.
700 E ATLANTIC BLVD
ROOM 204
POMPANO BCH FL 33060

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 acce 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, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May B Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD	☐ Delete
NAME	KENOYER, LUCINDA S	
STREET ADDRESS	729 NW 82ND AVENUE	
CITY-ST-ZIP	CORAL SPRINGS, FL 00000	
TITLE	PD	☐ Delete
NAME	KENOYER, GEORGE E.	
STREET ADDRESS	729 NW 82ND AVENUE	
CITY-ST-ZIP	CORAL SPRINGS, FL 00000	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addi
NAME	U00000455650	
STREET ADDRESS	03/15/06-80069-001 150.00	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 direc 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/1/06 954 782 7291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #