


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # F0000004959

1. Entity Name:
ACCOUNTANTS INC. SERVICES
00/500/655110 \$150.00



Principal Place of Business: **111 ANZA BLVD., #400 / BURLINGAME CA 94010 /**

Mailing Address: **111 ANZA BLVD., #400 / BURLINGAME CA 94010 /**



2. Principal Place of Business - No P.O. Box #
 3. Mailing Address

State, Apt. #, etc. City & State

1st MOORE CR2E034 (10/07)

4. FEI Number **94-3009616** Applied For Not Applicable

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

Zip Country Zip Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature must be printed name of registered agent and state the precise (OFFICE) Registered Agent's residence when applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
PD <input type="checkbox"/> Delete	UNROE, JOHN P	111 ANZA BLVD., #400 /	BURLINGAME CA 94010 /
S <input type="checkbox"/> Delete	BRANGAN, SANDRA	111 ANZA BLVD., #400 /	BURLINGAME CA 94010 /
T <input type="checkbox"/> Delete	PRUSKO, JOSEPH	111 ANZA BLVD., #400 /	BURLINGAME CA 94010 /
CD <input type="checkbox"/> Delete	READER, COLIN	ZIGGURAT, GROSVENOR RD., ST. ALBANS /	HERTFORDSHIRE, ENGLAND /
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			

U00000945594
 05/30/08-80013-024 150.00

12. I hereby certify that the information submitted 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 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: *Joseph Prusko* **Joseph Prusko 4/28/08 (650)579-1111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #