

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000001223

1. Entity Name
ACCRISOFT CORPORATION



Principal Place of Business

**1900 N.W. CORPORATE BLVD., STE 400 EAST
BOCA RATON, FL 33431**

Mailing Address

**1900 N.W. CORPORATE BLVD., STE 400 EAST
BOCA RATON, FL 33431**



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1079093

Applied For
(Not Applicable)

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

6. Name and Address of Current Registered Agent

**KLINE, JEFFREY A
1900 N.W. CORPORATE BLVD., STE 400 EAST
BOCA RATON, FL 33431**

**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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	KLINE, JEFFREY A
STREET ADDRESS	1900 NW CORPORATE BLVD STE 400 EAST
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	SD
NAME	ZEITLER, MARK
STREET ADDRESS	3969 ROBERTS POINT ROAD
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	D
NAME	ADAMS, SCOTT
STREET ADDRESS	8000 NORTH FEDERAL HWAY, STE. 300
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/26/05-80018-024 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/05

Date

561-988-2516

Daytime Phone #