


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90056 004 ***158.75

DOCUMENT # L69775
 1. Entity Name
 ACCU-SCRIBE, INC.



Principal Place of Business
 4221 KING RICHARD DR
 SARASOTA, FL 34232

Mailing Address
 4221 KING RICHARD DR
 SARASOTA, FL 34232

94023020



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

02132004 Chg-P CR2E034 (10/03)

4. FEI Number
 65-0191369

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 GOLDSMITH, STANLEY A
 1605 MAIN STREET, SUITE 1001
 SARASOTA, FL 34236

7. Name and Address of New Registered Agent
 Name **LAVONA WOOD FARR**
 Street Address (P.O. Box Number is Not Acceptable)
4221 KING RICHARD DR
 City **SARASOTA** FL **34232**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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	DP FARR, LAVONA WOOD 4221 KING RICHARD DR SARASOTA, FL 34232	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LAMBERT, NANCY M 2932 SEQUOIA LANE SARASOTA, FL 34237	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lavona Wood Farr* **2/28/04** (941) 378-0379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day(m) Phone #