

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90136 045 ***150.00

DOCUMENT # P01000082494	
1. Entity Name ACCENT LAND INVESTMENTS, INC.	



Principal Place of Business 6235 ROWAN ROAD NEW PORT RICHEY, FL 34653	Mailing Address 6235 ROWAN ROAD NEW PORT RICHEY, FL 34653
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. # etc.	Suite, Apt. # etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03102007 Chg-P CR2E034 (12/06)

4. FE Number 59-3740955	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VASSILAGORIS, JOHN 6235 ROWAN RD NEW PORT RICHEY, FL 34653	
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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 _____
Sign in cursive or printed name of registered agent, and if applicable, in OFF. If registered agent is not a natural person, then sign in the name of the entity.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPTS VASSILAGORIS, JOHN 6235 ROWAN ROAD NEW PORT RICHEY, FL 34653 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV PANOPOULOS, JOANNA 6235 ROWAN RD NEW PORT RICHEY, FL 34653 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: X [Signature] DATE: 4.2.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR