

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000102629

FILED
Mar 13, 2009
Secretary of State

Entity Name: ACCU-SCRIPT REPORTING, INC.

Current Principal Place of Business:

14141 5TH ST
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

P O BOX 1794
DADE CITY, FL 33526

New Mailing Address:

P O BOX 1794
DADE CITY, FL 33526 US

FEI Number: 59-3750707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREGG, WILLIAM
14144 6TH STREET
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DENNIS, JACK R
Address: 11880 SE 196TH ST
City-St-Zip: DUNNELLON, FL 34431

Title: D () Delete
Name: DENNIS, LYNNE
Address: 11880 SE 196TH STREET
City-St-Zip: DUNNELLON, FL 34431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNNE D. DENNIS

D

03/13/2009

Electronic Signature of Signing Officer or Director

_____ Date