


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90273 013 ***150.00

DOCUMENT # P02000040708	
1. Entity Name ACCENT BUILDING SERVICES, INC.	

Principal Place of Business PO BOX 152494 CAPE CORAL, FL 33915	Mailing Address PO BOX 152494 CAPE CORAL, FL 33915
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DO NOT WRITE IN THIS SPACE



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number 74-3038411	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BURTON, ELMON L III
~~20770 PERSIMMON PLACE~~
~~ESTERO, FL 33928~~
4516 NW 27th Street
CAPE CORAL FL 33993

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: *Elmon L. Burton III* *Elmon L. Burton III* *04/09/04*
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, 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	PD BURTON, ELMON L PO BOX 152494 CAPE CORAL, FL 33915
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BURTON, ELLEN SUE PO BOX 152494 CAPE CORAL, FL 33915
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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: *Elmon L. Burton III* *Elmon L. Burton III* *04/09/04* ²³⁹ 8725715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #