


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90312 017 ***150.00

DOCUMENT # P02000040708

1. Entity Name
 ACCENT BUILDING SERVICES, INC.



Principal Place of Business
 PO BOX 152494 4516 N.W. 27th St
 CAPE CORAL, FL 33915

Mailing Address
 PO BOX 152494 4516 N.W. 27th St
 CAPE CORAL, FL 33915

DO NOT WRITE IN THIS SPACE

03102006 No Chg-P CR2E034 (11/05)

4. FEI Number
 74-3038411 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BURTON, ELMON L III
 4516 NW 27TH STREET
 CAPE CORAL, FL 33993

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BURTON, ELMON L
STREET ADDRESS	PO BOX 152494 4516 N.W. 27th St
CITY-ST-ZIP	CAPE CORAL, FL 33915
TITLE	VTD
NAME	BURTON, ELLEN SUE
STREET ADDRESS	PO BOX 152494 4516 N.W. 27th St
CITY-ST-ZIP	CAPE CORAL, FL 33915
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Ellen Sue Burton Ellen Sue Burton 4/15/06 239-878-5649
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #