## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 26, 2008 08:00 AN **Secretary of State** DOCUMENT # P03000017386 1. Entity Name ACCUSERVICE OF ORLANDO, INC. Principal Place of Business Mailing Address 125 RANGELINE WOODS COVE 125 RANGELINE WOODS COVE LONGWOOD, FL 32750 US LONGWOOD, FL 32750 US 03232008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3766631 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZHANG, YUMING DO NOT WRITE 125 RANGELINE WOODS COVE LONGWOOD, FL 32750 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. uming (NOTE: Registered Agent signature required when reinstating) re, typed or printed name of registered agent and little if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. D.P TIFLE NAME ZHANG, YASHAN 125 RANGELINE WOODS COVE STREET ADDRESS CITY-ST-70 LONGWOOD, FL 32750 TITLE ZHANG, YUMING NAME 125 RANGELINE WOODS COVE STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32750 TITLE NAME ZHANG, YUMING 125 RANGELINE WOODS COVE STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32750 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling 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. The all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

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