

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

03-11-2005 90301 022 ***150.00
P04000170275

FILED

05 MAY -2 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

DOCUMENT # P04000170275 1. Entity Name FULL ACCOUNT BOOKKEEPING, INC					
Principal Place of Business 24021 TIMBERSET COURT LUTZ FL 33559			Mailing Address 24021 TIMBERSET COURT LUTZ FL 33559		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2040331	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROGERS, CAROLYN A 24021 TIMBERSET COURT LUTZ FL 33559			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 <u>CAROLYN A. ROGERS</u> <i>Carolyn A. Rogers</i> <u>3/6/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROGERS, CAROLYN A 24021 TIMBERSET COURT LUTZ FL 33559 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT JOHN C. ROGERS, III 24021 Timberset Ct. Lutz, FL 33559 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JOHN C. ROGERS, III 24021 Timberset Ct. Lutz, FL 33559 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>CAROLYN A. ROGERS</u> <i>Carolyn A. Rogers</i> <u>3/6/05</u> (813) 477-7314 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #</small>					