

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000063845

Entity Name: S.A.S. ACCOUNTING, INC.

FILED
Mar 06, 2009
Secretary of State

Current Principal Place of Business:

6565 DEEDLA STREET
NORTH PORT, FL 34291 US

New Principal Place of Business:

6565 BEEDLA STREET
NORTH PORT, FL 34291 US

Current Mailing Address:

6565 DEEDLA STREET
NORTH PORT, FL 34291 US

New Mailing Address:

6565 BEEDLA STREET
NORTH PORT, FL 34291 US

FEI Number: 20-4830504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSON, SUZANNE K
6565 BEEDLA STREET
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

PETERSON, SUZANNE K
6565 BEEDLA STREET
NORTH PORT, FL 34291 US

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: SUZANNE K. PETTERSON

03/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: RVPS () Delete
Name: PETERSON, SUZANNE K
Address: 6565 BEEDLA STREET
City-St-Zip: NORTH PORT, FL 34291 US

Title: VP () Delete
Name: PETERSON, SUZANNE K
Address: 6565 BEEDLA STREET
City-St-Zip: NORTH PORT, FL 34286 US

Title: S,TR () Delete
Name: PETERSON, SUZANNE K
Address: 6565 BEEDLA STREET
City-St-Zip: NORTH PORT, FL 34286 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: PETERSON, SUZANNE K
Address: 6565 BEEDLA STREET
City-St-Zip: NORTH PORT, FL 34291 US

Title: S,TR (X) Change () Addition
Name: PETERSON, SUZANNE K
Address: 6565 BEEDLA STREET
City-St-Zip: NORTH PORT, FL 34291 US

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: SUZANNE K PETERSON

PRES

03/06/2009

Electronic Signature of Signing Officer or Director

Date