2007 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** 1/. Feb 21, 2007 8:00 am **DOCUMENT # P95000063657 Secretary of State** ACCENT INVESTMENTS, INC. 01-05-2007 90030 014 \*\*\*150.00 Principal Place of Business Mailing Address ACCENT INVESTMENTS INC ACCENT INVESTMENTS, INC PO BOX 6392 P O BOX 6392 OCALA FL 34478-392 US OCALA, FL 34478 US 01032007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3338958 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ROTZ, VICTOR CHARLES DO NOT WRITE 8899 SE 17TH CT OCALA, FL 34480 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 : Signature, lipsed or printed nerve of registered agent and site if applicable. (NOTE: Registered Agent algreture required when retretating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. MILE **ROTZ. VICTOR CHARLES** MARK PO BOX 6392, N/A STREET ADDRESS OCALA, FL 344786392 C(TY-ST-70) TITLE ROTZ, DOUGLAS C NAME STREET ADDRESS PO BOX 6392, N/A CITY-ST-ZP OCALA, Fl. 344786392 SD MILE ROTZ, RANDAL A NAME STREET ADDRESS PO BOX 6392, N/A DO NOT WRITE CITY-ST-ZIP OCALA, FL 34478 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NUE STREET ADDRESS CITY-ST-ZIP MLE NAME

12. I hereby 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 ponature shall have the same legal effect as if made under eath; 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 empo

SIGNATURE: \_

STREET ADDRESS CITY-ST-ZP

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