

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000077877
 1. Entity Name
 ACCU-RITE SERVICES, INC.



Principal Place of Business Mailing Address
 5071 ROSEN BLVD. 5071 ROSEN BLVD.
 BOYNTON BEACH, FL 33437-1273 BOYNTON BEACH, FL 33437-1273



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-0702891 Not Applicable

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

6. Name and Address of Current Registered Agent
 COSTANTINO, UGO M
 5071 ROSEN BLVD.
 BOYNTON BEACH, FL 33437-1273

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	COSTANTINO, UGO M
STREET ADDRESS	5071 ROSEN BLVD.
CITY-ST-ZIP	BOYNTON BEACH, FL 334371273
TITLE	V
NAME	ESSICK, CHRISTOPHER R
STREET ADDRESS	5071 ROSEN BLVD.
CITY-ST-ZIP	BOYNTON BEACH, FL 334371273
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000320118
 04/21/05-80025-007 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ugo M. Costantino Ugo M. Costantino 04-18-05 561-731-1864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #