


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000104875 <small>1. Entity Name</small> ACCOUNTING PRINCIPALS, INC.	
--	---

Principal Place of Business ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202	Mailing Address ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202
---	---



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3482208	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301
--

**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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CULLEN, JOHN P 7901 SANDY SPRINGS RD LAUREL, MD 20707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CROUCH, ROBERT ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HOLLAND, GREGORY D 1 INDEPENDENT DR JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTX ROBINSON, GERALD ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARSHALL, JOHN III ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PAYNE, TIMOTHY D ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202

U00000323181
04/22/05-80042-022 150.00

**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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-05

904-360-2704