


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000103147**  
 1. Entity Name  
**ACCUSHARP SERVICES, INC.**



Principal Place of Business 5723 LABELLE ST. ORLANDO, FL 32809	Mailing Address 5723 LABELLE ST. ORLANDO, FL 32809
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**DO NOT WRITE IN THIS SPACE**



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3553605	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

VITALE, JOHN A  
 5723 LABELLE AVE.  
 ORLANDO, FL 32809

**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 (re)registering.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	PD VITALE, JOHN A 5723 LABELLE AVE. ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VITALE, BELINDA G 5723 LABELLE AVE. ORLANDO, FL 32809
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 02/05/04-80026-022 150.00

**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)(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 employees.

**SIGNATURE: JOHN A VITALE**  PRES. 1/26/04 407-857-6168  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #