NORTH PALM	BEACH, FL 33408			
Current Mai	ling Address:			
824 CINNAN NORTH PAI	ION RD .M BEACH, FL 33408			
FEI Number	: 65-0698968		Certificate of Status Desire	ed: No
Name and A	Address of Current Registered Agent:			
SMITH, MYRO 824 CINNAMO NORTH PALM				
The above name	d entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Florid	a.
The above name		tered office or regis	tered agent, or both, in the State of Florid	а.
		tered office or regis	tered agent, or both, in the State of Florid	a. Date
	Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Florid	
SIGNATUR	Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Florid	
SIGNATURI Officer/Dire	Electronic Signature of Registered Agent			
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent ctor Detail : PRES	Title	VP	
SIGNATURE Officer/Dire Title Name	Electronic Signature of Registered Agent ctor Detail : PRES SMITH, MYRON B	Title Name	VP SMITH, SHARON M 824 CINNAMON RD	Date
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PRES SMITH, MYRON B 824 CINNAMON RD	Title Name Address	VP SMITH, SHARON M 824 CINNAMON RD	Date
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : PRES SMITH, MYRON B 824 CINNAMON RD NORTH PALM BEACH FL 33408	Title Name Address	VP SMITH, SHARON M 824 CINNAMON RD	Date

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000082454

Entity Name: ACCURATE BUILDING CONTRACTORS, INC.

Current Principal Place of Business:

824 CINNAMON RD

I hereby 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 all other like empowered.

SIGNATURE: MYRON SMITH

City-State-Zip: JUNO ISLES FL 33408

PRESIDENT

02/08/2021

Electronic Signature of Signing Officer/Director Detail

FILED Feb 08, 2021 **Secretary of State** 6762054197CC

Date