

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # 331276	
1. Entity Name BROWARD ACCOUNTING SYSTEMS INC	



Principal Place of Business 2317 NE 8TH STREET FORT LAUDERDALE, FL 33304 US	Mailing Address 2317 NE 8TH STREET FORT LAUDERDALE, FL 33304 US
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DO NOT WRITE IN THIS SPACE

01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1213701	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LARCHE JR, JAMES 2632 N.W. 43RD ST. SUITE A-102 GAINESVILLE, FL 32606

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000074013 03/02/04-80018-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD JOHNSON, JOHN A 2317 NE 8TH STREET FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS JOHNSON, CAROL S. 2317 NE 8TH STREET FT. LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LARCHE JR, JAMES (ASST.) 2632 NW 43RD ST., STE. A-102 GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, JOHN 2317 NE 8TH STREET FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, CAROL S. 2317 NE 8TH STREET FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000082954 03/10/04-80018-025 150.00
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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: <i>John A. Johnson</i>	PRES. JOHN A. JOHNSON	227-04	954-565-2897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #