

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 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**



01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1213701</b>	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**

**LARCHE JR, JAMES  
2632 N.W. 43RD ST.  
SUITE A-102  
GAINESVILLE, FL 32606**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	JOHNSON, JOHN A
STREET ADDRESS	2317 NE 8TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304

TITLE	VS
NAME	JOHNSON, CAROL S.
STREET ADDRESS	2317 NE 8TH STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304

TITLE	S
NAME	LARCHE JR, JAMES (ASST.)
STREET ADDRESS	2632 NW 43RD ST., STE. A-102
CITY-ST-ZIP	GAINESVILLE, FL

TITLE	D
NAME	JOHNSON, JOHN
STREET ADDRESS	2317 NE 8TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304

TITLE	D
NAME	JOHNSON, CAROL S.
STREET ADDRESS	2317 NE 8TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000646742  
03/06/07-80044-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 John A. Johnson **JOHN A. JOHNSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-23-07** **954-565-2897**  
Date Daytime Phone #