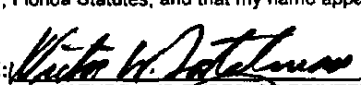
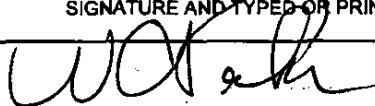


FILED
Mar 15, 2004 8:00 am
Secretary of State

02-02-2004 90008 024 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 48269			
1. Entity Name FLORIDA ACCOUNTING SERVICES INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business PO BOX 9449		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WINTER HAVEN, FL		City & State	
Zip 33883-9449	Country	Zip	Country
		4. FEI Number 59-2160686	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name PARKER, WILLIAM C	
		Street Address (P.O. Box Number is Not Acceptable) 211 SIXTH STREET S.E.	
		City WINTER HAVEN	FL
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			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARKER, WILLIAM C 211 SIXTH STREET S.E. WINTER HAVEN FL 33880	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEATING, JOHN BOX 7684 LAKELAND FL 33807	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERIG, R CLARK 3227 STONEWATER DR LAKELAND FL 33803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Victor W. Tatelman 208 Aviation Drive Winter Haven, FL 33881	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Victor W. Tatelman Treasurer	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Jan. 27, 2004	Daytime Phone # (863) 293-9006


William C. Parker
President