2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 482694

Entity Name: FLORIDA ACCOUNTING SERVICES, INC.

FILED Jan 13, 2009 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
P.O. BOX 9449 WINTER HAVEN, FL 338839449				762 EDISON ROAD AUBURNDALE, FL 33823		
Current M	lailing Addre	ss:	New Maili	New Mailing Address:		
208 AVIATIN DR WINTER HAVEN, FL 338811133				762 EDISON ROAD AUBURNDALE, FL 33823		
FEI Number	: 59-2160686	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
TATELMAN, VICTOR W 9208 AVIATION DR WINTER HAVEN, FL 338811133 US			762 EDISC	BRASWELL, WILLIAM C 762 EDISON ROAD AUBURNDALE, FL 33823 US		
	named entity e of Florida.	submits this statement for the p	urpose of changing	its registered off	fice or registered agent, or both,	
SIGNATUR	RE: WILLIAM	I C BRASWELL		01/13/2009		
Election Car		nic Signature of Registered Age og Trust Fund Contribution ().	ent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	PD (PARKER, WIL 211 SIXTH ST WINTER HAVE	REET S.E.	Title: Name: Address: City-St-Zip:	()(Change ()Addition	
Title: Name: Address: City-St-Zip:	D (KEATING, JOH BOX 7684 LAKELAND, FI		Title: Name: Address: City-St-Zip:	() (Change () Addition	
Title: Name: Address: City-St-Zip:	HERIG, CLARI	TA BARBARA PLACE	Title: Name: Address: City-St-Zip:	D (X) HERIG, CLARK F 1213 VISTA HILL LAKELAND, FL	S DRIVE	
Title: Name:	TD (TATELMAN, VI) Delete CTOR W	Title: Name:	TD (X)	Change () Addition LLIAM C	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

762 EDISON ROAD

AUBURNDALE, FL 33823

SIGNATURE: WILLIAM C BRASWELL TD 01/13/2009

208 AVIATION DRIVE

WINTER HAVEN, FL 33881

Address:

City-St-Zip: