2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 27, 2007 08:00 All Secretary of State **DOCUMENT # 521138** 1. Entity Name ACCOUNTING MANAGEMENT SYSTEMS, INC. Principal Place of Business Mailing Address 8653-F S.W 96TH STREET OCALA FL 34481 8653-F S.W. 96TH STREET OCALA FL 34481 2 1. 1. 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 59-1712986 Not Applicable Zip Country Country Zιp \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOMAS, ROBERT L. ESQ. Street Address (P.O. Box Number is Not Acceptable) 8547-B S.W. 90TH LANE OCALA FL 34481 Zip Code 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS,\$150.00 Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State: OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. THE ☐ Delete TITLE Change Addition BUSCH, DOUGLAS O NAME NAME U00000736618 8653-F S.W. 96TH STREET STREE ADDRESS STREET ADDRESS 05/10/07-80083-022 150.00 **OCALA FL 34481** CITY - ST-ZIE CITY - ST - ZIP DITE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-71P CITY-ST-ZIP Tille ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CiTY - ST- ZiP HILF ☐ Delete HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-7IP HILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP THLE ☐ Delete MU Change ■ Add:tion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE:

SIGNATURE: