## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # 543946**

1. Entity Name

B ACCOUNTING SERVICES, INC.



Principal Place of Business

3025 MINUTEMAN LANE BRANDON, FL 33511-500 US Mailing Address

P 0 BOX 1349

BRANDON, FL 33509-349 US

**FILED** Apr 13, 2007 08:00 AM Secretary of State



DC	NOT	WRITE	IN THI	S SPACE
LJLJ	INCL	VVDIIE	114 1 111	3 SPACE

03312007	No Chg-P	CR2E034 (11/05)		
4. FEI Numbe	<del></del>		Applied For	
59-176	6121		Not Applicable	
		60.70		

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLACK, BERNICE H. 3025 MINUTEMAN LANE BRANDON, FL 33511

## 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  OATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees				
TITLE	ÖFFICERS AND DIREC	TORS						
NAME STREET ADDRESS CITY-ST-ZIP	BLACK, BERNICE H. 3025 MINUTEMAN LANE BRANDON, FL 335119500							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					00000704723 04/23/07-80023-015 150.0			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
NAME STREET ADDRESS . CITY-ST-ZIP				IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-SY-ZIP					·			
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 emaddress, with all other like empowered.								