

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90113 040 ***150.00

DOCUMENT # F00000005267

1. Entity Name
ACCENT ACQUISITIONS I, CO.



Principal Place of Business
**2500 NORTHWINDS PKWY
350
ALPHARETTA, GA 30004**

Mailing Address
**2500 NORTHWINDS PKWY
350
ALPHARETTA, GA 30004**

50029105

2. Principal Place of Business
**3655 Northpoint Pkwy
Suite, Apt. #, etc.
Ste 175**

3. Mailing Address
**3655 Northpoint Pkwy
Suite, Apt. #, etc.
Ste 175**

City & State
Alpharetta, GA

City & State
Alpharetta, GA

Zip
30005

Country

Zip
30005

Country

03182005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-2612795

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
SULLIVAN, BETTY
1535 LOCKRIDGE RD
CUMMING, GA 30041** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SULLIVAN, JAMES
1535 LOCKRIDGE RD
CUMMING, GA 30041** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SCEO
FLYNN, JACQUELINE
3685 SINCLAIR SHORES RD
CUMMING, GA 30041** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Jacqueline L Flynn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/05 770-754-6140

Date

Daytime Phone #