

2006 FOR PROFIT CORPORATION ANNUAL REPORT

Edited by Foxit PDF Editor

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FILED

Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000004673

1. Entity Name

ACCELERATED REVENUE, INC.



Principal Place of Business

3964 NORTH HAMPTON DRIVE
POWELL, OH 43065-2020

Mailing Address

P.O. BOX 2020
POWELL, OH 43065-2020

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

04202006

Chg-P

CR2E034 (11/05)

4. FEI Number

31-1676753

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JACOBS, JR LEE B.	
STREET ADDRESS	3964 NORTH HAMPTON DRIVE	
CITY-ST-ZIP	POWELL, OH 430652020	
TITLE	V	<input type="checkbox"/> Delete
NAME	COOPER, CHRISTOPHER M.	
STREET ADDRESS	3964 NORTH HAMPTON DRIVE	
CITY-ST-ZIP	POWELL, OH 430652020	
TITLE	S	<input type="checkbox"/> Delete
NAME	HONTZ, TRONDA M	
STREET ADDRESS	3964 NORTH HAMPTON DRIVE	
CITY-ST-ZIP	POWELL, OH 430652020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000530174
05/05/06-80106-015 150.00

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-2006

Date

Daytime Phone #