

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-21-2005 90113 041 ***150.00

DOCUMENT # F98000000391

1. Entity Name
ACCENT MORTGAGE SERVICES, INC.



Principal Place of Business
**2500 NORTHWINDS PARKWAY
SUITE 350
ALPHARETTA, GA 30004 US**

Mailing Address
**2500 NORTHWINDS PARKWAY
SUITE 350
ALPHARETTA, GA 30004 US**

50029104



2. Principal Place of Business

3655 Northpoint Pkwy

Suite, Apt. #, etc.

Ste 175

City & State

Alpharetta, GA

Zip
30005

Country

3. Mailing Address

3655 Northpoint Pkwy

Suite, Apt. #, etc.

Ste 175

City & State

Alpharetta

Zip

30005

Country

03182005

Chg-P

CR2E034 (10/03)

4. FEI Number

58-1963567

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
JULLIVAN, BETTY
2500 NORTHWINDS PKWY STE 350
ALPHARETTA, GA 30004** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SULLIVAN, JAMES C
2500 NORTHWINDS PKWY
ALPHARETTA, GA 30004** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LEWIS, GARY
2500 NORTHWINDS PKWY
ALPHARETTA, GA 30004** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
FLYNN, JACQUELINE L
2500 NORTHWINDS PKWY STE 350
ALPHARETTA, GA 30004** ☐ 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
**Sullivan, Betty
3655 Northpoint Pkwy Ste 175
Alpharetta, GA 30005** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3655 Northpoint Pkwy Ste 175
Alpharetta, GA 30005** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3655 Northpoint Pkwy Ste 175
Alpharetta, GA 30005** ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/05

Date

770-754-6440

Daytime Phone #

Jacqueline L. Flynn, CFO