


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Sep 09, 2005 08:00 AM
Secretary of State

DOCUMENT # G02757	
1. Entity Name ACCENTS ELITE, INCORPORATION	

Principal Place of Business 2578 ENTERPRISE RD 305 ORANGE CITY, FL 32763	Mailing Address PO BOX 618756 ORLANDO, FL 32861
---	---

DO NOT WRITE IN THIS SPACE



09072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2673620	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of State	\$8.75 Additional Required
-------------------------	----------------------------

6. Address of Current Registered Agent MEDLOCK, LUTRELL 2578 ENTERPRISE RD 305 ORANGE CITY, FL 32763	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)	DATE
-----------	---	--	------

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	--	--

10. OFFICERS AND DIRECTORS		<p>U00000378105 09/09/05-80005-024 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST MEDLOCK, LUTRELL 1032 KENMORE STREET DELTONA, FL 32725	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MEDLOCK, LUTRELL 1032 KENMORE STREET DELTONA, FL 32725	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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: <i>Lutrell Medlock</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Lutrell Medlock Date: 9-7-05 Daytime Phone #: (386) 574-7731