2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 15, 2008 08:00 AM Secretary of State DOCUMENT # G80279 1. Entity Name ACCOUNTING SERVICES AT PENSACOLA, INC. Principal Place of Business Mailing Address 2911 E. CERVANTES STREET PENSACOLA FL 32503-6418 2911 E. CERVANTES STREET PENSACOLA FL 32503-6418 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #_etc CR2E034 (10/07) 1st MOORE City & State City & State 4. FEI Number Applied For 59-2391968 Not Applicable Z_{1D} Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HIGGINS, LLOYD A. Street Address (P.O. Box Number is Not Acceptable) 2311 OXFORD DRIVE PENSACOLA FL 32503 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or ooth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or minred name of rog timed agent and title it implicable (NOTE Registered Agonale monture required whole remotatorig DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be "After May 1, 2008 Fee Will Be \$550.00" Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Derete THLE Change ☐ Addition HIGGINS, LLOYD A., JR. HAME NAME STREET ADDRESS 2311 OXFORD DRIVE STREET ADDRESS *0*00000828952 PENSACOLA FL CITY-ST-ZIZ CHY-ST-7IP /26/08-80022-009 150.00 THEE ☐ Dalete Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS OTY-\$1-712 CITY-ST-ZIP H^{\perp} Change Derete Addition NAME STREET ADDRESS STREET ADDRESS 0114-51-219 CITY-ST-ZIP Delete ☐ Change Addition STREET ADDRESS STREE! ADDRESS OITY-\$1-719 DHY-ST-ZP TITLE ☐ Defete Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST ZIP CITY- ST- ZIP TITLE De etc ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. 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 calls, that I am an efficer 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

SIGNATURE:

if changed, or on an attachment with an

CHTY-ST-ZIP

LLOSDA. NIGGINS TR

FILED