

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90026 047 \*\*\*150.00

**DOCUMENT # H36025**

1. Entity Name

BUSINESS ACCOUNTING SERVICES, INC.



Principal Place of Business

5991 CHESTER AVE  
STE 109  
JACKSONVILLE FL 32217  
US

Mailing Address

5991 CHESTER AVE  
STE 109  
JACKSONVILLE FL 32217  
US



2. Principal Place of Business - No P.O. Box #

12627 San Jose Blvd

Suite, Apt. #, etc.

STE 701

City & State

JACKSONVILLE FL

Zip

32223

Country

USA

3. Mailing Address

12627 San Jose Blvd

Suite, Apt. #, etc.

STE 701

City & State

JACKSONVILLE FL

Zip

32223

Country

USA

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-2478070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KAMMERER, JAMES  
5991 CHESTER AVE #109  
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name  
JAMES KAMMERER

Street Address (P.O. Box Number is Not Acceptable)

12627 San Jose Blvd # 701

City  
JACKSONVILLE

FL

Zip Code

32223

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, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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  
P  
KAMMERER, JAMES P.  
3427 SCRIMSHAW DR  
JACKSONVILLE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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☐ 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  
Kammerer  
1176 Westwood Dr,  
Switzerland FL 32259 ☐ Change ☐ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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 exemptions contained in Section 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:

*James Kammerer President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-08

Date

Daytime Phone #