


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # J49817 1. Entity Name ACCOUNTING FOR YOU, INC.	
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Principal Place of Business PONTE VEDRA CENTRE 200 EXECUTIVE WAY PONTE VEDRA, FL 32082	Mailing Address PONTE VEDRA CENTRE 200 EXECUTIVE WAY PONTE VEDRA, FL 32082
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DO NOT WRITE IN THIS SPACE



03112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2750931	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEMASTER, JOSH P
5004 BUTTONWOOD DR
PONTE VEDRA BCH, FL 32082

**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 _____ (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	P LEMASTER, JOSH P 5004 BUTTONWOOD DR PONTE VEDRA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LEMASTER, TAMMY S 5004 BUTTONWOOD DR PONTE VEDRA BCH., FL
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03/14/05-80080-023 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Tammy S Lemaster 3/11/05 904.285.2073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #