2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J98640

1. Entity Name
LEHIGH ACCOUNTING SERVICES, INC.

Principal Place of Business	Mailing Address
9751 MERLE DR FT MYERS, FL 33917 US	PO BOX 1151 LEHIGH ACRES, FL 33970-1151 US

DO NOT WRITE IN THIS SPACE

03092008   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0014792	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MIDDLETON, BONNIE S.
9751 MERLE DR
NORTH FT. MYERS, FL 33917

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 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

U00000867966
04/08/08-80092-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MIDDLETON, BONNIE S.
STREET ADDRESS	9751 MERLE DR
CITY-ST-ZIP	NORTH FT. MYERS, FL 33917

TITLE	
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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _Bonnie Middlet President_   Bonnie Middleton President   3-20-08   239 731 3427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #