


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L69775 1. Entity Name ACCU-SCRIBE, INC.	
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Principal Place of Business 4221 KING RICHARD DR SARASOTA, FL 34232	Mailing Address 4221 KING RICHARD DR SARASOTA, FL 34232
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DO NOT WRITE IN THIS SPACE



07042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0191369	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

WOOD FARR, LAVONA
4221 KING RICHARD DR
SARASOTA, FL 34232

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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 \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FARR, LAVONA WOOD 4221 KING RICHARD DR SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LAMBERT, NANCY M 2932 SEQUOIA LANE SARASOTA, FL 34237
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07/07/05-80003-001 550.00

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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: Lavona Wood Farr 7-05-05 (941) 378-0379

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #