

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # M69656

1. Entity Name
GENERAL ACCOUNTING SYSTEM, INC.



Principal Place of Business
601 5TH AVENUE NORTH
ST PETERSBURG, FL 33701 US

Mailing Address
601 5TH AVENUE NORTH
ST PETERSBURG, FL 33701 US



02152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2132489

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MANCINO, MARC A.
GENERAL ACCOUNTING SYSTEM, INC.
601 5TH AVENUE NORTH
ST PETERSBURG, FL 33701

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U000000477221
04/06/06 80013-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	MANCINO, MARC A.
STREET ADDRESS	601 5TH AVE NORTH
CITY - ST - ZIP	ST PETERSBURG, FL
TITLE	VP
NAME	ADAMS, SHARON L
STREET ADDRESS	601 5TH AVE N
CITY - ST - ZIP	ST PETERSBURG, FL 33701
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE: Sharon L Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06 727-895-4000
Date Daytime Phone