


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90027 035 \*\*\*150.00

<b>DOCUMENT # M81635</b>	
1. Entity Name <b>ACCREDITED FINANCIAL ACCOUNTING, INC.</b>	

Principal Place of Business <b>2430 SHADOWLAWN DR. #7, %GLENN MORTON NAPLES FL 33962</b>	Mailing Address <b>2430 SHADOWLAWN DR. #7, %GLENN MORTON NAPLES FL 33962</b>
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2. Principal Place of Business <b>9696 BONITA BEACH RD</b>	3. Mailing Address <b>9696 BONITA BEACH RD</b>
Suite, Apt. #, etc. <b>STE. 207</b>	Suite, Apt. #, etc. <b>STE 207</b>
City & State <b>BONITA SPRINGS FL</b>	City & State <b>BONITA SPRINGS FL</b>
Zip <b>34135</b>	Zip <b>34135</b>
Country <b>USA</b>	Country <b>USA</b>



MOORE CR2E034 (11/03)

4. FEI Number <b>65-0045139</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>MORTON, E FRANCES 2430 SHADOWLAWN DRIVE, STE 7 NAPLES FL 34112</b>	7. Name and Address of New Registered Agent Name <b>E. FRANCES MORTON</b> Street Address (P.O. Box Number is Not Acceptable) <b>9696 BONITA BEACH RD</b> <b>SUITE 207</b> City <b>BONITA SPRINGS</b> FL Zip Code <b>34135</b>
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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 E. FRANCES MORTON **E. FRANCES MORTON** **2/02/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS MORTON, E. FRANCES 2430 SHADOWLAWN DR STE 7 NAPLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS MORTON, E. FRANCES 9696 BONITA BEACH RD STE 207 BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MORTON, GLENN A 2430 SHADOW DR #7 NAPLES FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MORTON, GLENN A 9696 BONITA BEACH RD STE 207 BONITA SPRINGS FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: E. FRANCES MORTON **E. FRANCES MORTON** **2/02/04** **239**  
Signature and typed or printed name of signing officer or director Date Daytime Phone # **444-1433**