


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # M84728 1. Entity Name ACCENT ON FORMS, INC.	
--	---

Principal Place of Business % PEGGY R. SMITH 1813 SAGEWAY DRIVE TALLAHASSEE, FL 32303	Mailing Address % PEGGY R. SMITH 1813 SAGEWAY DRIVE TALLAHASSEE, FL 32303
--	--

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2893082	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 SMITH, PEGGY R. 1813 SAGEWAY DRIVE TALLAHASSEE, FL 32303

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>	DATE _____
--	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000306820 04/15/05-80026-020 150.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT SMITH, PEGGY R. 1813 SAGEWAY DRIVE TALLAHASSEE, FL 323037327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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: <u>Peggy R. Smith, President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	04/14/05 <small>Date</small>	850.562.8716 <small>Daytime Phone #</small>
--	---------------------------------	--