

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90271 011 \*\*\*150.00

DOCUMENT # P00000055296

1. Entity Name  
ACCURATE FINANCIAL, INC.



Principal Place of Business  
139 B PORT ST LUCIE BLVD  
B  
PORT SAINT LUCIE, FL 34984

Mailing Address  
139 B PORT ST LUCIE BLVD  
B  
PORT SAINT LUCIE, FL 34984

2. Principal Place of Business  
439 SE Port St Lucie Blvd  
Suite, Apt. #, etc.  
Suite 117  
City & State  
Port St Lucie, FL

3. Mailing Address  
439 SE Port St Lucie Blvd  
Suite, Apt. #, etc.  
Suite 117  
City & State  
Port St Lucie, FL



04272004 Chg-P CR2E034 (10/03)

4. FEI Number  
65-1028729  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
ELLWOOD, DIANA M  
139-B SW PORT ST LUCIE BLVD  
B  
PORT SAINT LUCIE, FL 34984

7. Name and Address of New Registered Agent  
Name  
Diana M. Ellwood  
Street Address (P.O. Box Number is Not Acceptable)  
439 SE Port St Lucie Blvd  
Suite 117  
City  
Port St Lucie FL Zip Code  
34984

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 Diana Ellwood DIANA ELLWOOD President 4/27/04  
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, 2004 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE	PRA	<input type="checkbox"/> Delete
NAME	EDWOOD, DIANA M	
STREET ADDRESS	139-B SW PORT ST LUCIE BLVD	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Diana Ellwood/DIANA ELLWOOD President 4/27/04 873-9979  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(772) 873-9979