

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000091352

FILED
Mar 23, 2009
Secretary of State

Entity Name: LDS ACCOUNTING SERVICES, INC.

Current Principal Place of Business:

9916 JACKSON RD.
LEESBURG, FL 34788

New Principal Place of Business:

15311 OLD US HWY 441
TAVARES, FL 32778

Current Mailing Address:

9916 JACKSON RD.
LEESBURG, FL 34788

New Mailing Address:

PO BOX 1897
TAVARES, FL 32778

FEI Number: 59-3677588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, LINDA D
9916 JACKSON ROAD
LEESBURG, FL 34788 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: SMITH, LINDA D
Address: 9916 JACKSON RD.
City-St-Zip: LEESBURG, FL 347883503

Title: D () Delete
Name: D'ANGELO, CAROL
Address: 9916 JACKSON ROAD
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change () Addition
Name: D'ANGELO, CAROL
Address: 12601 DOUBLE RUN ROAD
City-St-Zip: ASTATULA, FL 34705

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA D SMITH

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date