

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90116 029 ***150.00

DOCUMENT # P00000097281

1. Entity Name
ADMINISTRATIVE AND ACCOUNTING SERVICES, INC.



Principal Place of Business
**9539 POSITANO WAY
LAKE WORTH, FL 33467**

Mailing Address
**9539 POSITANO WAY
LAKE WORTH, FL 33467**

50029272



2. Principal Place of Business
12339 SE 177 LOOP
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03162005 Chg-P CR2E034 (10/03)

City & State
SUMMERFIELD, FL

City & State

4. FEI Number
65-1046840

Applied For
Not Applicable

Zip
34491

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**DELISI, HILDA
1742 WEST HILLSBORO BLVD
DEERFIELD BEACH, FL 33442**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **COVERDALE, HELEN**
STREET ADDRESS **21261 HAZELWOOD LANE**
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **12339 SE 177 LOOP**
CITY-ST-ZIP **SUMMERFIELD, FL 34491**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Helen Coverdale HELEN COVERDALE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/05 954-415-1523
Date Daytime Phone #