

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90288 045 ***150.00

DOCUMENT # P00000097281

1. Entity Name
ADMINISTRATIVE AND ACCOUNTING SERVICES, INC.



Principal Place of Business
**12339 SE 177 LOOP
SUMMERFIELD, FL 34491**

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

60025656



2. Principal Place of Business

3. Mailing Address

12339 SE 177 LOOP

03282006

Chg-P

CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SUMMERFIELD FL

Zip

Country

Zip

Country

34491

MARION

4. FEI Number

65-1046840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **COVERDALE, HELEN**
STREET ADDRESS **12339 SE 177 LOOP**
CITY-ST-ZIP **SUMMERFIELD, FL 34491**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Silverstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/06 954-415-1523

Date

Daytime Phone #