


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90251 044 \*\*\*150.00

**DOCUMENT # P01000011474**

1. Entity Name  
**ACCOUNTING & PROFESSIONAL SERVICES, INC.**



Principal Place of Business  
**399 F ENTERPRISE ST.  
 OCOEE, FL 34761**

Mailing Address  
**P O BOX 560621  
 MONTVERDE, FL 34756**

90051208



2. Principal Place of Business, No P.O. Box #  
**329 A FRANKLIN ST**

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

05012008 Chg-P CR2E034 (12/06)

City & State  
**OCOE FL**

City & State

4. FEI Number  
**59-3695148**

Applied For  
 Not Applicable

Zip  
**34761**

Country

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

**6. Name and Address of Current Registered Agent**

**RUIZ, FERNANDO  
 11100 BUCKHILL LN  
 CLERMONT, FL 34711**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 <input type="checkbox"/> Delete	RUIZ, FERNANDO	TITLE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	BORRERO, MARISOL
STREET ADDRESS 11100 BUCKHILL LN	11100 BUCKHILL LN	STREET ADDRESS 11100 BUCKHILL LN	11100 BUCKHILL LN
CITY-ST-ZIP CLERMONT, FL 34711	CLERMONT, FL 34711	CITY-ST-ZIP CLERMONT, FL 34711	CLERMONT, FL 34711
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
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NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: FRU **4/30/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #