


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**5 Jun 07, 2005 8:00 am
Secretary of State**


05-04-2005 90154 009 ***150.00

DOCUMENT # P01000012932 1. Entity Name ACCENT ON DETAIL, INC.	
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Principal Place of Business 2050 W. FAIRBANKS AVE. WINTER PARK, FL 32789	Mailing Address 2050 W. FAIRBANKS AVE. WINTER PARK, FL 32789
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DO NOT WRITE IN THIS SPACE

-66022153-



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 05-0349107	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GILMORE, GREGORY P
2050 W. FAIRBANKS AVE.
WINTER PARK, FL 32789**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____


FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILMORE, GREGORY P 2050 W. FAIRBANKS AVE. WINTER PARK, FL 32789
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**DO NOT WRITE
IN THIS SPACE**

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:  **6-1-05 (402) 629-5558**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #