


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000042563**  
1. Entity Name  
**ACCU-FILL, INC.**



Principal Place of Business Mailing Address  
13416 100 AVE N 13416 100 AVE N  
SEMINOLE, FL 33776 SEMINOLE, FL 33776

**DO NOT WRITE IN THIS SPACE**



02272005 No Chg-P CR2E034 (10/03)

4. FEI Number **NOT APPLICABLE** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BRUNSON, JOHN MORGAN ESQ**  
**1474 JORDAN HILLS CT**  
**CLEARWATER, FL 33756**

**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 \_\_\_\_\_ 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, 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           | D                       |
| NAME            | JONES, WILLIAM          |
| STREET ADDRESS  | 6577 21 ST N            |
| CITY - ST - ZIP | ST PETERSBURG, FL 33702 |
| TITLE           | D                       |
| NAME            | AITCHSON, BRANT         |
| STREET ADDRESS  | 13416 100 AVE N         |
| CITY - ST - ZIP | SEMINOLE, FL 33776      |
| TITLE           |                         |
| NAME            |                         |
| STREET ADDRESS  |                         |
| CITY - ST - ZIP |                         |
| TITLE           |                         |
| NAME            |                         |
| STREET ADDRESS  |                         |
| CITY - ST - ZIP |                         |
| TITLE           |                         |
| NAME            |                         |
| STREET ADDRESS  |                         |
| CITY - ST - ZIP |                         |

**DO NOT WRITE IN THIS SPACE**

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03/14/05-80051-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Brant Aitchison **BRANT AITCHISON** 3/10/05 727 593 0565  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #