2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000042563

1. Entity Name
ACCU-FILL, INC.

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

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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	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	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/14/05-80051-008 150.00

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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: _____ BRANT AITCHISON   3/10/05   727 593 0565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #