2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 08, 2005 08:00 AM Secretary of State

	AIIIVAL	ILLE OILL		Secretary of State
DOCUMENT # P0100061519 1. Entity Name ACCURATE ACCOUNTING BY LONG, INC.				
Principal Plac	ce of Business	Mailing Address		}
1290 W. AV	—————————————————————————————————————	PO BOX 120904		
CLERMONT,		CLERMONT, FL 34712		\
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			04052005 No Chg-P CR2E034 (10/03)	
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			し ட	4. FEI Number Applied For
				59-3726468 Not Applicable
				5. Certificate of Status Desired 38.75 Additional
				5. Certificate of Status Desired Fee Required
	8. Name and Address of Current Re	gistered Agent	T	
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LONG CI	ארזע פ	• • • •	}	
LONO, CINDY S 1290 W. AVE.			}	DO NOT WRITE
CLERMONT, FL 34711			}	
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8. The above	a named entity submits this statement for t	he purpose of changing its register	red office or register	red agent, or both, in the State of Florida I am familiar with, and accept
the obliga	tions of registered agent.			
				•
SIGNATURE.	Signature, typed or printed name of registered agent and			
	signature, types or printed name or registered agont and	mo applicable INCIE Registers	ed Agent signature required	d when refinstating) DATE
FIL	E NOW!!! FEE 18 \$150,00	9. Election Campaign Fina		.00 May Be
After M	ay 1, 2005 Fee will be \$550.00	Trust Fund Contribution	∐ Add	led to Fees
40	45-45-51-19-5			
10.	OFFICERS AND DI		4	***
TITLE	DPV -		1	
NAME	LONO, CINDY S			
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CITY-ST-ZIP	CLERMONT, FL 34712	• •	ſ	<u>U00000232934</u>
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12. I hereby o	certify that the information supplied with the	is filling does not qualify for the exe	mption stated in Se	ection 119.07(3)(I), Florida Statutes I further certify that the information same legal effect as if made under oath; that I am an officer or director
of the cor	rporation or the receiver or trustee amnow	te and accurate and that my signal ared to execute this report as rapid	ired by Chapter 607	same regar effect as it made under dath; that cam an officer of director 7. Florida Statutes; and that my name appears in Block 10 or Block 11 if
of the corporation of the receiver of 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.				
		(/)		