## 2005 FOR PROFIT CORPORATION

## **FILED** ANNUAL REPORT - Jan 13, 2005 08:00 AM **DOCUMENT # P02000001196 Secretary of State** 1. Entity Name ACCOUNT MANAGEMENT SOLUTIONS, INCORPORATED Principal Place of Business Mailing Address 10720 74TH AVENUE N 10720 74TH AVENUE N SUITE F SUITE F SEMINOLE, FL 33772 SEMINOLE, FL 33772 CR2E034 (10/03) 01042005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 69-0008741 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent TROKE, ROBERT G DO NOT WRITE 10219 CONE GROVE ROAD RIVERVIEW, FL 33772 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 a gnature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE TROKE, ROBERT G NAME 10219 CONE GROVE ROAD STREET ADDRESS RIVERVIEW, FL 33569 CITY-ST-ZIP U00000179321 01/13/05-80014-009 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 occurrate 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 expowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND DIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR