FOR PROFIT CORPORATION

TITLE

NAME

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED **ANNUAL REPORT (AR)** Feb 08, 2005 8:00 am **Secretary of State** DOCUMENT # P02000025261 1. Entity Name 02-08-2005 90015 003 ***150.00 ACCOUNTING BY DESIGN, INC. Principal Place of Business Mailing Address 6218 33RD STREET N.º ST. PETERSBURG FL 33702 6218 33RD STREET N. ST. PETERSBURG FL 33702 50011998 3. Mailing Address 3553 Cypress Terrace 2. Principal Place of Business Cypress 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For 01-0675055 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENSLEY, EVELYN 6218 33RD STREET N. Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33702 Pinellas 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Addition HENSLEY, EVELYN NAME 3553 Cypress Terrace Pinellas Park, FL 33781 STREET ADDRESS 6218 33RD STREET N. STREET ADDRESS ST. PETERSBURG FL 33702 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY-ST-7IP

CITY-ST-ZIP 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 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.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

Change

Change

Change

☐ Addition

☐ Addition

☐ Addition

☐ Delete

Delete

Delete

President 2-2-05 727-521-0644 Evelyn Hensley, SIGNATURE: