

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90032 009 ***150.00

DOCUMENT # P02000036922					
1. Entity Name ACCENT DISTRIBUTING, INC.					
Principal Place of Business 8281 BLAIR CT SARASOTA, FL 34240			Mailing Address 8281 BLAIR CT SARASOTA, FL 34240		
2. Principal Place of Business - No P.O. Box # 4123 Clark Rd		3. Mailing Address 4123 Clark Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042008 Chg-P CR2E034 (12/06)	
City & State Sarasota, FL		City & State Sarasota, FL		4. FEI Number 01-0662922	
Zip 34233		Country Sarasota		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLARD, KEVIN C 8317 EAGLE LAKE DRIVE SARASOTA, FL 34241			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			State FL Zip Code		
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: <u>N/A = no change</u> (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLARD, KEVIN C 8317 EAGLE LAKE DRIVE SARASOTA, FL 34241	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLARD, PATRICIA J 8317 EAGLE LAKE DRIVE SARASOTA, FL 34241	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>KC/M</u>			Date: <u>1-4-08</u> Daytime Phone #: <u>941-921-0844</u>		