2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 06, 2004 8:00 am Secretary of State **DOCUMENT # P02000077064** 1: Entity Name 02-06-2004 90019 004 ***150.00 ACCENT MANAGEMENT CO. Mailing Address Principal Place of Business 1000 CENTRAL AVE ST PETERSBURG FL 33705 1000 CENTRAL AVE ST PETERSBURG FL 33705 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 54-2071617 Not Applicable Zip 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 SPIEGEL & UTRERA, P.A. Street Add 1840 SW 22 ST 4 FLR MIAM! FL 33145 City the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entit submits this sta the obligations of re SIGNATURE (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable FILE NOW!!! FEE \$ \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Feetwill be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPST TITLE ☐ Detete TITLE Change Addition NAME MARSHLACK, DANE G NAME 1000 CENTRAL AVE STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33705 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7iP TITLE Delete TITLE ☐ Change Addition NAME -NAME --STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 supplied pental 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 frustee empowered takexcute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

Daytime Phone #