

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90330 047 ***150.00

50037904



03132005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000126453 1. Entity Name ACCURATE ACCOUNTING & TAX ASSOCIATES, INC.																																																															
Principal Place of Business 1500 EAST HAWTHORNE CIRCLE HOLLYWOOD, FL 33021			Mailing Address 1500 EAST HAWTHORNE CIRCLE HOLLYWOOD, FL 33021																																																												
2. Principal Place of Business 601 N CONGRESS AVE Suite, Apt. #, etc. 405		3. Mailing Address 601 N CONGRESS AVE Suite, Apt. #, etc. 405		4. FEI Number 22-3885494 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																											
City & State DELRAY BEACH FL Zip 33445 Country USA		City & State DELRAY BEACH FL Zip 33445 Country USA																																																													
6. Name and Address of Current Registered Agent GRANT, FREDERICK R 1500 E HAWTHORNE CIRCLE HOLLYWOOD, FL 33021																																																															
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 601 N CONGRESS AVE #405 City DELRAY BEACH FL Zip Code 33445				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE 4/13/05																																																											
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PSTD GRANT, FREDERICK R</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>1500 EAST HAWTHORNE CIRCLE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>HOLLYWOOD, FL 33021</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	PSTD GRANT, FREDERICK R	<input type="checkbox"/> Delete	NAME	1500 EAST HAWTHORNE CIRCLE		STREET ADDRESS	HOLLYWOOD, FL 33021		CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP
TITLE	PSTD GRANT, FREDERICK R	<input type="checkbox"/> Delete																																																													
NAME	1500 EAST HAWTHORNE CIRCLE																																																														
STREET ADDRESS	HOLLYWOOD, FL 33021																																																														
CITY- ST- ZIP																																																															
TITLE		<input type="checkbox"/> Delete																																																													
NAME																																																															
STREET ADDRESS																																																															
CITY- ST- ZIP																																																															
TITLE		<input type="checkbox"/> Delete																																																													
NAME																																																															
STREET ADDRESS																																																															
CITY- ST- ZIP																																																															
TITLE		<input type="checkbox"/> Delete																																																													
NAME																																																															
STREET ADDRESS																																																															
CITY- ST- ZIP																																																															
TITLE		<input type="checkbox"/> Delete																																																													
NAME																																																															
STREET ADDRESS																																																															
CITY- ST- ZIP																																																															
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 601 N CONGRESS AVE #405 DELRAY BEACH FL 33445 </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 601 N CONGRESS AVE #405 DELRAY BEACH FL 33445	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP														
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 601 N CONGRESS AVE #405 DELRAY BEACH FL 33445	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																													
NAME																																																															
STREET ADDRESS																																																															
CITY- ST- ZIP																																																															
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																													
NAME																																																															
STREET ADDRESS																																																															
CITY- ST- ZIP																																																															
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																													
NAME																																																															
STREET ADDRESS																																																															
CITY- ST- ZIP																																																															
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																													
NAME																																																															
STREET ADDRESS																																																															
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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="text-align: right;"> 4/13/05 <small>Date</small> <small>Daytime Phone #</small> </div>																																																															