

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90479 002 ***150.00

DOCUMENT # P02000130847

1. Entity Name

FORENSIC ACCOUNTING SERVICES, INC.



Principal Place of Business

2836 FILLMORE STREET
HOLLYWOOD, FL 33020

Mailing Address

20 SOUTH BROAD STREET
BROOKSVILLE, FL 34601

44045299



04202004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

33-1033390

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOGAN, THOMAS S JR. The Hogan Law Firm, LLC
20 SOUTH BROAD STREET
BROOKSVILLE, FL 34601

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/2004

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BROWN, CHRISTOPHER P
STREET ADDRESS 2836 FILLMORE STREET
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE S
NAME BROWN, CHRISTOPHER P
STREET ADDRESS 2836 FILLMORE STREET
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE T
NAME BROWN, CHRISTOPHER P
STREET ADDRESS 2836 FILLMORE STREET
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE D
NAME BROWN, CHRISTOPHER P
STREET ADDRESS 2836 FILLMORE STREET
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

RESIDENT CHRISTOPHER P. BROWN 4/28/04 (352) 799-8423