


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 08:00 AM
Secretary of State

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THE HOGAN LAW FIRM, LLC 20 SOUTH BROAD STREET BROOKSVILLE FL 34601				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete			
NAME	BROWN, CHRISTOPHER P				
STREET ADDRESS	2836 FILLMORE STREET				
CITY- ST- ZIP	HOLLYWOOD FL 33020				
TITLE	S	<input type="checkbox"/> Delete			
NAME	BROWN, CHRISTOPHER P				
STREET ADDRESS	2836 FILLMORE STREET				
CITY- ST- ZIP	HOLLYWOOD FL 33020				
TITLE	T	<input type="checkbox"/> Delete			
NAME	BROWN, CHRISTOPHER P				
STREET ADDRESS	2836 FILLMORE STREET				
CITY- ST- ZIP	HOLLYWOOD FL 33020				
TITLE	D	<input type="checkbox"/> Delete			
NAME	BROWN, CHRISTOPHER P				
STREET ADDRESS	2836 FILLMORE STREET				
CITY- ST- ZIP	HOLLYWOOD FL 33020				
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					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					



1st MOORE CR2E034 (10/04)

4. FEI Number **33-1033390** Applied For Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

U00000360085
05/05/05-80019-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **CHRISTOPHER A. BROWN, PRESIDENT** 4/27/05 (352) 799-844