


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90010 020 ***150.00

DOCUMENT # P03000032936

1. Entity Name
ACCEPT PLUS, INC.



Principal Place of Business Mailing Address

~~9314 CRESCENT LOOP CIRCLE #206~~ ~~9314 CRESCENT LOOP CIRCLE #206~~
~~TAMPA, FL 33619~~ ~~TAMPA, FL 33619~~

2. Principal Place of Business 3. Mailing Address

3612 HWY 92 E. **P.O. BOX 403**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

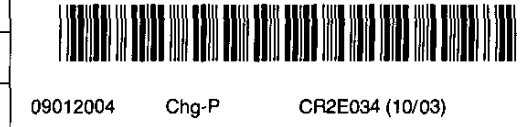
PLANT CITY, FL **BRANDON, FL**

Zip Country Zip Country

33596 **USA** **33509** **USA**

6. Name and Address of Current Registered Agent

REIFSNYDER, SCOTT
~~9314 CRESCENT LOOP CIRCLE #206~~
~~TAMPA, FL 33619~~



4. FEI Number Applied For

59-3770253 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

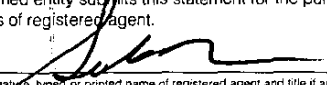
Name

Street Address (P.O. Box Number is Not Acceptable)
3612 HWY 92 E.

City State Zip Code

PLANT CITY, FL **FL** **33596**

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:  **Scott REIFSNYDER** DATE: **9/8/04**

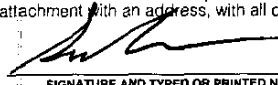
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIFSNYDER, SCOTT	NAME	
STREET ADDRESS	9314 CRESCENT LOOP CIRCLE #206	STREET ADDRESS	3612 HWY 92 E.
CITY-ST-ZIP	TAMPA, FL 33619	CITY-ST-ZIP	PLANT CITY, FL 33596
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  **Scott REIFSNYDER** Date: **9/8/04** Daytime Phone #: **813-231-4863**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #