


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90239 025 ***158.75

DOCUMENT # P03000062444	
1. Entity Name DEBRA J. WILLIAMS ACCOUNTING SERVICES, INC.	

Principal Place of Business 3019 ROCKINGHAM CIRCLE ORLANDO, FL 32808	Mailing Address 3019 ROCKINGHAM CIRCLE ORLANDO, FL 32808
--	--

2. Principal Place of Business 2728 CABERNET Circle	3. Mailing Address P.O. Box 580914
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ocoee, FL	City & State Orlando, FL
Zip 34761	Zip 32858
Country ORANGE	Country ORANGE

6. Name and Address of Current Registered Agent WILLIAMS, DEBRA J 3019 ROCKINGHAM CIRCLE ORLANDO, FL 32808	
2728 CABERNET Circle Ocoee, FL 34761	




05082006 Chg-P CR2E034 (11/05)

4. FEI Number 90-0217372	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

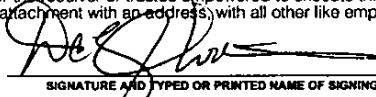
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

7. Name and Address of New Registered Agent	
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 	DATE 5/8/06

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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 NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, DEBRA J P.O. BOX 580914 ORLANDO, FL 32858 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JACKSON, EVELYN 3019 ROCKINGHAM CIRCLE ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLIARD, DELORIS P.O. BOX 580914 ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, ROBBIE P.O. BOX 580914 ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOBLES, PAULINE PO BOX 580914 ORLANDO, FL 32858 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, SANDRA 1305 N. PINE HILLS ROAD ORLANDO, FL 32808 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	DEBRA J. WILLIAMS	5/8/06	407 574-9096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #