2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000062444

BROOKS, ROBBIE

P.O. BOX 580914

ORLANDO, FL 32808

Name:

Address:

City-St-Zip:

FILED Feb 12, 2009 Secretary of State

Entity Na	me: DEBRA	I. WILLIAMS ACCOUNTING S	ERVICES, INC.		
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
2728 CABERNET CIR OCOEE, FL 34761				2125 PALM VISTA DRIVE APOPKA, FL 32712	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
PO BOX 5 ORLANDO	80914 D, FL 32858				
FEI Number	: 90-0217372	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
WILLIAMS, DEBRA J 2728 CABERNET CIR OCOEE, FL 34761 US			2125 PALM VISTA	WILLIAMS, DEBRA J 2125 PALM VISTA DRIVE APOPKA, FL 32712 US	
in the State	e of Florida.		ourpose of changing its regist	ered office or registered agent, or both,	
SIGNATURE: DEBRA J. WILLIAMS				02/12/2009	
	Electron	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (WILLIAMS, DE P.O. BOX 5809 ORLANDO, FL	914	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	V (JACKSON, EVI 3019 ROCKING ORLANDO, FL	SHAM CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (HILLIARD, DEL P.O. BOX 5809 ORLANDO, FL	914	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: DEBRA J. WILLIAMS MRS. 02/12/2009