

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000136778

Entity Name: ACCELL, P A

FILED
Feb 09, 2009
Secretary of State

Current Principal Place of Business:

2011 W. CLEVELAND STREET, SUITE A
TAMPA, FL 33606

New Principal Place of Business:

2011 W. CLEVELAND STREET
SUITE A
TAMPA, FL 33606

Current Mailing Address:

2011 W. CLEVELAND STREET, SUITE A
TAMPA, FL 33606

New Mailing Address:

2011 W. CLEVELAND STREET
SUITE A
TAMPA, FL 33606

FEI Number: 43-2035216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIESTAND, CHRISTOPHER L
2011 W. CLEVELAND STREET, SUITE A
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

HIESTAND, CHRISTOPHER L
2011 W. CLEVELAND STREET
SUITE A
TAMPA, FL 33606 US

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.

SIGNATURE:

02/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: HIESTAND, CHRISTOPHER L
Address: 2011 W. CLEVELAND STREET, SUITE A
City-St-Zip: TAMPA, FL 33606

Title: S-VP () Delete
Name: LOUGHRAN, DANIELLE
Address: 2011 W. CLEVELAND STREET, SUITE A
City-St-Zip: TAMPA, FL 33606

Title: T-VP () Delete
Name: BRAND, KRISTEN
Address: 2011 W. CLEVELAND STREET, SUITE A
City-St-Zip: TAMPA, FL 33606

Title: VP () Delete
Name: COLLINS, DANIEL
Address: 2011 W. CLEVELAND STREET, SUITE A
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CHRISTOPHER L. HIESTAND

PRES

02/09/2009

Electronic Signature of Signing Officer or Director

Date