

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90292 022 ***150.00

DOCUMENT # P04000005799

1. Entity Name
LONE STAR ACCOUNTING SERVICE, INC.



Principal Place of Business
**6015 CHESTER CIRCLE SUITE 110
JACKSONVILLE, FL 32217**

Mailing Address
**6015 CHESTER CIRCLE SUITE 110
JACKSONVILLE, FL 32217**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

01252005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0587382

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TEDESCHI, SUZANNE T
8676 ETHANS GLEN TERRACE
JACKSONVILLE, FL 32256**

7. Name and Address of New Registered Agent

Name
Suzanne T. Tedeschi

Street Address (P.O. Box Number is Not Acceptable)
6015 Chester Cir #110

City
Jacksonville **FL** Zip Code
32217

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 **Suzanne T. Tedeschi President**

1-25-05

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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**President
Suzanne T. Tedeschi
6015 Chester Circle Suite 110
Jacksonville FL 32217**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: **Suzanne T. Tedeschi President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-05

Date

904-731-7764

Daytime Phone #