

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000013042

FILED  
Feb 03, 2009  
Secretary of State

Entity Name: A ACCREDITED ENTERPRISES INC.

## Current Principal Place of Business:

P.O. BOX 3253  
BELLEVIEW, FL 34421

## New Principal Place of Business:

13773 COUNTY ROAD 475  
OXFORD, FL 34484

## Current Mailing Address:

P.O. BOX 3253  
BELLEVIEW, FL 34421

## New Mailing Address:

FEI Number: 20-0638869

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POSEY, SHIRLEY  
13773 NORTH HWY 475  
OXFORD, FL 34484 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: POSEY, LONNIE  
Address: P.O. BOX 3253  
City-St-Zip: BELLEVIEW, FL 34421

Title: P ( ) Delete  
Name: POSEY, SHIRLEY  
Address: P.O. BOX 34421  
City-St-Zip: OXFORD, FL 34421

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SHIRLEY S. POSEY

PRES

02/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date