


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90031 028 \*\*\*150.00

**DOCUMENT # P04000047098**

1. Entity Name  
**AMERICAN ACCENT, INC.**



Principal Place of Business Mailing Address  
**400 E MERRITT AVE STE B** **400 E MERRITT AVE STE B**  
**MERRITT ISLAND FL 32952** **MERRITT ISLAND FL 32952**

2. Principal Place of Business 3. Mailing Address  
**389 Hibiscus Avenue** **389 Hibiscus Avenue**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Merritt Island, FL** **Merritt Island, FL**  
 Zip Country Zip Country  
**32953** **32953**

3/1

**66011930**



1st MOORE CR2E034 (10/04)

4. FEI Number **20-0818664** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CHURCH, GINA D**  
**1250 JOHNS CIR**  
**MERRITT ISLAND FL 32952**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**390 Hibiscus Avenue**  
 City **Merritt Island** **FL** Zip Code **32953**

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 *Gina D. Church* **Gina D. Church** **3/10/05**  
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**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CHURCH, GINA D</b> <b>1250 JOHNS CIR</b> <b>MERRITT ISLAND FL 32952</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WAGNER, KATHERINE J</b> <b>315 WASHINGTON AVE</b> <b>CAPE CANAVERAL FL 32920</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>390 Hibiscus Avenue</b> <b>Merritt Island, FL 32953</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 *Gina D. Church* **Gina D. Church** **3/10/05**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #