

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000090156

FILED
Jan 06, 2012
Secretary of State

Entity Name: ACCOUNT ABILITY PRACTICE MANAGEMENT CONSULTING SERVICES, INC.

Current Principal Place of Business:

4020 SOUTH 57TH AVE
204
GREENACRES, FL 33463

New Principal Place of Business:

216 SW MARATHON AVE
PORT ST LUCE, FL 34953

Current Mailing Address:

4020 SOUTH 57TH AVE
204
GREENACRES, FL 33463

New Mailing Address:

216 SW MARATHON AVE
PORT ST LUCE, FL 34953

FEI Number: 86-1121284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SZELAZEK, STANLEY
4020 SOUTH 57TH AVE
204
GREENACRES, FL 33463 US

Name and Address of New Registered Agent:

SZELAZEK, STANLEY
216 SW MARATHON AVE
PORT ST LUCE, FL 34953 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:

01/06/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SZELAZEK, STANLEY
Address: 216 SW MARATHON AVE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: T
Name: BOOKER, CLAYTON
Address: 216 SW MARATHON AVE
City-St-Zip: PORT ST LUCE, FL 34953

Title: T
Name: BOOKER, CLAYTON
Address: 216 SW MARATHON AVE
City-St-Zip: PORT ST LUCE, FL 34953

Title: P
Name: SZELAZEK, STANLEY
Address: 216 SW MARATHON AVE
City-St-Zip: PORT ST LUCE, FL 34953

I hereby 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 all other like empowered.

SIGNATURE: STANLEY SZELAZEK

CEO

01/06/2012

Electronic Signature of Signing Officer or Director

Date