
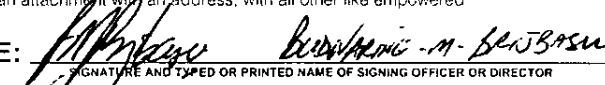


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90088 030 ***150.00

DOCUMENT # P04000119432					
1. Entity Name ACCE BUILDING SERVICES & CABINETS, INC.					
Principal Place of Business 120 S. NORMANDALE AVE ORLANDO, FL 32835			Mailing Address 120 S. NORMANDALE AVE ORLANDO, FL 32835		
2. Principal Place of Business - No P.O. Box # 5845 OLD WINTER GARDEN RD.			3. Mailing Address 738 WESTCLIFFE DR.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State ORLANDO, FL			City & State WINTER GARDEN, FL		
Zip 32835	Country USA	Zip 34787	Country USA	4. FEI Number 20-1504848	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRIJBASU, BUDNARINE 120 S. NORMANDALE AVE ORLANDO, FL 32835			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 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, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P BRIJBASU, BUDNARINE 120 S. NORMANDALE AVE ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  4/16/07 (407) 383-9465					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40105693



04162007 Chg-P CR2E034 (12/06)

4. FEI Number
20-1504848

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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