

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90042 013 ***150.00

DOCUMENT # P05000019846 1. Entity Name ACCURATE LAND, INC.																																																																																																															
Principal Place of Business 2718 VIOLA LANE VALRICO, FL 33594		Mailing Address 2718 VIOLA LANE VALRICO, FL 33594																																																																																																													
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 1275 Suite, Apt. #, etc.																																																																																																													
City & State 		City & State Valrico, FL																																																																																																													
Zip 		Zip 33595-1275																																																																																																													
Country 		Country U.S.																																																																																																													
6. Name and Address of Current Registered Agent DUFFEY, R. MICHAEL 2718 VIOLA LANE VALRICO, FL 33594		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																													
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																													
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DUFFEY, R. MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2718 VIOLA LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>VALRICO, FL 33594</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DUFFEY, KIMBERLY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2718 VIOLA LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>VALRICO, FL 33594</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>				TITLE	P	<input type="checkbox"/> Delete	NAME	DUFFEY, R. MICHAEL		STREET ADDRESS	2718 VIOLA LANE		CITY-ST-ZIP	VALRICO, FL 33594		TITLE	V	<input type="checkbox"/> Delete	NAME	DUFFEY, KIMBERLY		STREET ADDRESS	2718 VIOLA LANE		CITY-ST-ZIP	VALRICO, FL 33594		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete																																																																																																													
NAME	DUFFEY, R. MICHAEL																																																																																																														
STREET ADDRESS	2718 VIOLA LANE																																																																																																														
CITY-ST-ZIP	VALRICO, FL 33594																																																																																																														
TITLE	V	<input type="checkbox"/> Delete																																																																																																													
NAME	DUFFEY, KIMBERLY																																																																																																														
STREET ADDRESS	2718 VIOLA LANE																																																																																																														
CITY-ST-ZIP	VALRICO, FL 33594																																																																																																														
TITLE		<input type="checkbox"/> Delete																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
TITLE		<input type="checkbox"/> Delete																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
TITLE		<input type="checkbox"/> Delete																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
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: <i>R. Duffey</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"> 1/17/06 813-651-0099 </div> <div style="display: flex; justify-content: space-between;"> Date Daytime Phone # </div>																																																																																																													



01172006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2307813

Applied For
Not Applicable

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