2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000127013

City-St-Zip:

TAMPA, FL 33618

Entity Name: A+ ACCURACY INSURANCE AGENCY INC

FILED Apr 11, 2007 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
2901 WEST BUSCH BLVD #612 TAMPA, FL 33618			2901 WEST BUSCH B SUITE 612	2901 WEST BUSCH BLVD	
17 (1011 7 1, 1	L 33010			US	
Current N	lailing Addres	ss:	New Mailing Address	New Mailing Address:	
12514 CLE TAMPA, F	ENDENNING [L 33618	DR	12514 CLENDENNING TAMPA, FL 33618	DR US	
FEI Number	: 20-3479559	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and Address of	New Registered Agent:	
12514 CLE TAMPA, F		6	purpose of changing its registered	l office or registered agent, or both,	
	e of Florida.		pp		
SIGNATU	RE:				
	Electron	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name:	P (REDESKE, LE) Delete SIA D	Title: Name:	() Change () Addition	
Address:	12514 CLENNI		Address:		
City-St-Zip:	TAMPA, FL 33	618	City-St-Zip:		
Title:	VP () Delete	Title:	() Change () Addition	
Name:	REDESKE, GA		Name:		
Address:	12514 CLENDI	INNING DR	Address:		

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LESIA D. REDESKE P 04/11/2007