

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000048790

FILED  
May 01, 2009  
Secretary of State

Entity Name: LEWIS ACCOUNTING SERVICES,INC

**Current Principal Place of Business:**

322 W BOYNTON BCH BLVD STE 4  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 222914  
WEST PALM BEACH, FL 33422 US

**New Mailing Address:**

FEI Number: 68-0626900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEWIS, TIMOTHY V  
1521 14TH AVE SOUTH  
LAKE WORTH, FL 33460 US

**Name and Address of New Registered Agent:**

LEWIS, TIMOTHY V  
332 W BOYNTON BEACH  
BOYNTON BEACH, FL 33435 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: TIMOTHY LEWIS

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEWIS, TIMOTHY V  
Address: PO BOX 222914  
City-St-Zip: WEST PALM BEACH, FL 33422

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TIMOTHY LEWIS

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date