

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90135 008 ***150.00

DOCUMENT # P06000063845 1. Entity Name S.A.S. ACCOUNTING, INC.			
Principal Place of Business 6565 BEEDLA STREET NORTH PORT, FL 34286 US 34291		Mailing Address 6565 BEEDLA STREET NORTH PORT, FL 34286 US 34291	
2. Principal Place of Business - No P.O. Box # 6565 BEEDLA ST		3. Mailing Address 6565 BEEDLA ST	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State NORTH PORT FL		City & State NORTH PORT FL	
Zip 34291		Zip 34291	
Country 		Country 	
4. FEI Number 20-4830504		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PETERSON, SUZANNE K 6565 BEEDLA STREET NORTH PORT, FL 34286		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 34291	
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 SUZANNE K PETERSON PRES 4/29/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 P	<input type="checkbox"/> Delete NAME PETERSON, SUZANNE K STREET ADDRESS 6565 BEEDLA STREET CITY-ST-ZIP NORTH PORT, FL 34286	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE PVP, S, TR NAME PETERSON, SUZANNE K STREET ADDRESS 6565 BEEDLA ST CITY-ST-ZIP NORTH PORT, FL 34291	
TITLE VP	<input type="checkbox"/> Delete NAME PETERSON, SUZANNE K STREET ADDRESS 6565 BEEDLA STREET CITY-ST-ZIP NORTH PORT, FL 34286	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 	
TITLE S, TR	<input type="checkbox"/> Delete NAME PETERSON, SUZANNE K STREET ADDRESS 6565 BEEDLA STREET CITY-ST-ZIP NORTH PORT, FL 34286	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 	
TITLE 	<input type="checkbox"/> Delete NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 	
TITLE 	<input type="checkbox"/> Delete NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 	
TITLE 	<input type="checkbox"/> Delete NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 	
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 SUZANNE K PETERSON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/29/08 Daytime Phone # 941 426 4096	