2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000071031

Entity Name: BERT'S ACCOUNTING SERVICE, INC

FILED Apr 28, 2008 Secretary of State

Littly Nai	me. DERTOF	ACCOUNTING SERVICE, INC.				
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
4519 BRENTWOOD AVE JACKSONVILLE, FL 32206				1336 N MYRTLE AVENUE JACKSONVILLE, FL 32209		
Current M	lailing Addres	s:	New Mail	New Mailing Address:		
4519 BRENTWOOD AVE JACKSONVILLE, FL 32206				POST OFFICE BOX 9478 JACKSONVILLE, FL 32208		
FEI Number:	: 59-3235267	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
	BERTHA L NTWOOD AVE IVILLE, FL 322		1336 N M	HOWZE, BERTHA L 1336 N MYRTLE AVENUE JACKSONVILLE, FL 32209 US		
	named entity s e of Florida.	submits this statement for the p	ourpose of changing	its registered o	office or registered agent, or both,	
SIGNATUR	RE:			04/28/2008		
	Electron	ic Signature of Registered Age	ent		Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().				
OFFICER	S AND DIREC	TORS:	ADDITIO	NS/CHANGES	TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	P () HOWZE, BERT 1806 RUTLEDO JACKSONVILLI	SE AVE	Title: Name: Address: City-St-Zip:	CHAP (X HOWZE, BERT 1806 RUTLEDO JACKSONVILL	GE AVE	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	PRES (DURHAM, CLA 1346 W 10TH : JACKSONVILL	STREET	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VP (STEPHENS, CI 1227 DANIEL S JACKSONVILL	STREET	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	TRES (GARCIA, COUF 1346 WEST 10 JACKSONVILL	TH STREET	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	SEC (COPELAND, P 1227 DANIEL S JACKSONVILL	STREET	

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: BERTHA LEE HOWZE CHAP 04/28/2008