

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000080353

FILED  
Apr 12, 2009  
Secretary of State

**Entity Name:** NUMBER BOX ACCOUNTING SERVICES, INC.

**Current Principal Place of Business:**

P.O. BOX 250646  
HOLLY HILL, FL 321250646

**New Principal Place of Business:**

1513 CULVERHOUSE DRIVE  
HOLLY HILL, FL 32117

**Current Mailing Address:**

P.O. BOX 250646  
HOLLY HILL, FL 321250646

**New Mailing Address:**

1513 CULVERHOUSE DRIVE  
HOLLY HILL, FL 32117

**FEI Number:** 20-5053953

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLARK, ROCHELLE M  
1513 CULVERHOUSE DR  
HOLLY HILL, FL 32117 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CLARK, ROCHELLE M  
Address: 1513 CULVER HOUSE DR  
City-St-Zip: HOLLY HILL, FL 32117

**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:** ROCHELLE M. CLARK

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04/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date