

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000100970

1. Entity Name
ACCURATE IT SERVICES, INC.



Principal Place of Business
**5534 PENTAIL CIRCLE
TAMPA, FL 33625**

Mailing Address
**5373 EHRLICH ROAD
SUITE 203-214
TAMPA, FL 33625**



07102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5420497

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LUCAS, TROY H
5373 EHRLICH ROAD
SUITE 203-214
TAMPA, FL 33625**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**U000000954991
07/15/08-80006-012 158.75**

**FILE NOW!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LUCAS, TROY H 5373 EHRLICH ROAD SUITE 203-214 TAMPA, FL 33625
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IN THIS SPACE**

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 fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-08

Date

813-356-0800

Daytime Phone #