## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000011383

**Entity Name: WORTH ACCOUNTING SOLUTIONS INC** 

FILED Apr 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3649 MIMOSA DRIVE 37209 CODY CIRCLE JACKSONVILLE, FL 32207 APT K5

HILLIARD, FL 32046

Current Mailing Address: New Mailing Address:

PO BOX 702 37209 CODY CIRCLE HILLIARD, FL 32046 APT K5 HILLIARD, FL 32046

FEI Number: 20-8313114 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WORTH, AMANDA F
3649 MIMOSA DRIVE
JACKSONVILLE, FL 32207 US
4PT K5
HILLIARD, FL 32046 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:

04/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 WORTH, AMANDA F
 Name:
 WORTH, AMANDA F

 Address:
 3649 MIMOSA DRIVE
 Address:
 37209 CODY CIRCLE APT K5

 City-St-Zip:
 JACKSONVILLE, FL 32207
 City-St-Zip:
 HILLIARD, FL 32046

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: AMANDA F WORTH P 04/26/2009