

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000032574

1. Entity Name
ACCOUNTING PRACTICE & ASSOCIATES, INC.



Principal Place of Business
11251 YOUNG ROAD
JACKSONVILLE, FL 32218 US

Mailing Address
11251 YOUNG ROAD
JACKSONVILLE, FL 32218 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

07032008 Chg-P CR2E034 (12/06)

4. FEI Number
20-8633591

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LOCKETT, MARVIN R
11251 YOUNG ROAD
JACKSONVILLE, FL 32218

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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	PRES LOCKETT, LOLITA M 11251 YOUNG ROAD JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES LOCKETT, LOLITA M 11251 YOUNG ROAD JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT LOCKETT, LOLITA M 11251 YOUNG ROAD JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR LOCKETT, LOLITA M 11251 YOUNG ROAD JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	300136162783 09/19/08--01052--006 **158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept. 10, 2008
Date

Daytime Phone #

FILED

08 SEP 15 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

