2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# P08000100172

Entity Name: COMMON CENTS ACCOUNTING SERVICES, INC

Current Principal Place of Business:

C/O KELLY M BAINE
85043 WAINSCOTT COURT
FERNANDINA BEACH, FL 320348703

New Principal Place of Business:

Current Mailing Address:

C/O KELLY M BAINE
85043 WAINSCOTT COURT
FERNANDINA BEACH, FL 320348703

New Mailing Address:

FEI Number: 26-4725761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWTON, DOUGLAS M
2745 SEA GROVE LANE
FERNANDINA BEACH, FL 320344837 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NEWTON, DOUGLAS M
Address: 2745 SEA GROVE LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: V ( ) Delete
Name: BAINE, KELLY M
Address: 85043 WAINSCOTT COURT
City-St-Zip: FERNANDINA BEACH, FL 320348703

Title: ST ( ) Delete
Name: NEWTON, SARA K
Address: 11-319 ARBOR CLUB DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition
Name: NEWTON, DOUGLAS M
Address: 2745 SEA GROVE LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: NEWTON, SARA K
Address: 11-319 ARBOR CLUB DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: V ( ) Change (X) Addition
Name: DYESS, SONJA
Address: 1118 EXECUTIVE COVE DRIVE
City-St-Zip: ST JOHNS, FL 32259

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: DOUGLAS M NEWTON ST 05/05/2009

Electronic Signature of Signing Officer or Director — Date