

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000002676

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** BABBS ACCOUNTING SERVICES INC

**Current Principal Place of Business:**

16501 ARROWHEAD TRAIL  
CLERMONT, FL 34711

**New Principal Place of Business:**

13506 SUMMERPORT VILLAGE PKWY  
#704  
WINDERMERE, FL 34786

**Current Mailing Address:**

16501 ARROWHEAD TRAIL  
CLERMONT, FL 34711

**New Mailing Address:**

13506 SUMMERPORT VILLAGE PKWY  
#704  
WINDERMERE, FL 34786

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BABBS, JUDITH W  
16501 ARROWHEAD TRAIL  
CLERMONT, FL 34711 US

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

BABBS, JUDITH W  
13506 SUMMERPORT VILLAGE PKWY  
#704  
WINDERMERE, FL 34786 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: JUDITH W BABBS

04/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BABBS, JUDITH W  
Address: 13506 SUMMERPORT VILLAGE PKWY #704  
City-St-Zip: WINDERMERE, FL 34786

I hereby 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 all other like empowered.

SIGNATURE: JUDITH W BABBS

P

04/27/2011

Electronic Signature of Signing Officer or Director

Date