

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90337 042 \*\*\*150.00

DOCUMENT # P92000004938

1. Entity Name  
ACCU-RITE ACCOUNTING INC.



Principal Place of Business  
1240 S VINELAND ROAD  
#M7  
WINTER GARDEN, FL 34787 US

Mailing Address  
1240 S VINELAND ROAD  
#M7  
WINTER GARDEN, FL 34787 US

2. Principal Place of Business  
10600 Vista Del Sol Cir  
Suite, Apt. #, etc.

3. Mailing Address  
10600 Vista Del Sol Cir  
Suite, Apt. #, etc.

City & State  
Clermont, FL  
Zip 34711 Country Lake

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Clermont, FL  
Zip 34711 Country Lake

03082004 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3154751

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

NOBLE, DEANNE M  
13332 SUBURBAN TERRACE  
WINTER GARDEN, FL 34787

7. Name and Address of New Registered Agent

Name  
Noble Deanne M.  
Street Address (P.O. Box Number is Not Acceptable)  
10600 Vista Del Sol Circle  
Clermont, FL  
City  
Clermont FL Zip Code 34711

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 Deanne M Noble DATE 3-8-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00!  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NOBLE, DEANNE M 13332 SUBURBAN TERRACE WINTER GARDEN, FL 34787	<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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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	P Deanne M. Noble 10600 Vista Del Sol Circle Clermont, FL 34711	<input checked="" 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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Deanne M Noble  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-04 401-340-3349  
Date Daytime Phone #