

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000009042

1. Entity Name
AZAZEL ACCOUNTING, INC.



Principal Place of Business
1062 41ST AVE NE
ST. PETERSBURG, FL 33703 US

Mailing Address
1062 41ST AVE NE
ST. PETERSBURG, FL 33703 US



04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3153632

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CRAMMOND, WILMA L
1062 41ST AVE. NE
ST. PETERSBURG, FL 33703

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME CRAMMOND, WILMA L
STREET ADDRESS 1062 41ST AVE.
CITY - ST - ZIP ST. PETERSBURG, FL 33703

TITLE D
NAME O'CONNOR, DEBRA A
STREET ADDRESS 1062 41ST AVE.
CITY - ST - ZIP ST. PETERSBURG, FL 33703

TITLE
NAME
STREET ADDRESS
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100000512525
04/29/06-80090-023 150.00

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IN THIS SPACE**

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: Wilma Crammond Wilma Crammond 4/13/06 727-823-3865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #