


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90442 001 \*\*\*300.00

**DOCUMENT # P93000080391**  
 1. Entity Name  
**A ACCOUNTING GROUP INC.**



**00014040**

Principal Place of Business  
**2419 EAST MALL DRIVE  
 FT. MYERS, FL 33901**

Mailing Address  
**2419 EAST MALL DRIVE  
 FT. MYERS, FL 33901**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**3345 FOWLER ST**  
 Suite, Apt. #, etc.

04242006 Chg-P CR2E034 (11/05)

City & State  
**FT. MYERS FL**

Zip  
**33901**

Country  
**USA**

4. FEI Number  
**59-3212031**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MCLEOD, RODERICK  
 2407 E. MALL DRIVE  
 FT. MYERS, FL 33901**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCLEOD, RODERICK</b>	
STREET ADDRESS	<b>2407 EAST MALL DRIVE</b>	
CITY-ST-ZIP	<b>FT. MYERS, FL 33901</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>JANET FUHR VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>3345 FOWLER ST</b>	
STREET ADDRESS	<b>FT. MYERS, FL 33901</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 I am empowered.

**SIGNATURE:** *RDM Leal* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_