

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90203 001 \*\*\*300.00

**DOCUMENT # P93000080391**

1. Entity Name  
**A ACCOUNTING GROUP INC.**



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

Mailing Address  
**3345 FOWLER ST  
FT. MYERS, FL 33901**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**3345 FOWLER ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



01062007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**59-3212031**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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)

**3345 FOWLER ST.**

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

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, 2007 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** ☐ Delete  
NAME **MCLEOD, RODERICK**  
STREET ADDRESS **2407 EAST MALL DRIVE**  
CITY-ST-ZIP **FT. MYERS, FL 33901**

TITLE **V** ☐ Delete  
NAME **FUHR, JANET**  
STREET ADDRESS **3345 FOWLER ST.**  
CITY-ST-ZIP **FORT MYERS, FL 33901**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3345 FOWLER ST.**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **DALE MCLEOD**  
STREET ADDRESS **3345 FOWLER ST.**  
CITY-ST-ZIP **FT. MYERS, FL 33901**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #