

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90096 047 ***150.00

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1. Entity Name
**DOLLARS & SENSE COMPUTERIZED ACCOUNTING,
INC.**



Principal Place of Business
**10912 N 56TH ST.
STE D
TEMPLE TERRACE, FL 33167**

Mailing Address
**10912 N 56TH ST.
STE D
TEMPLE TERRACE, FL 33167**

DO NOT WRITE IN THIS SPACE



02072006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0523498

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SIMICICH, SHARON K
417 FLAMINGO DRIVE
APOLLO BEACH, FL 33572**

**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 **V**
NAME **BYRD, PHILLIP D**
STREET ADDRESS **417 FLAMINGO DR**
CITY-STATE-ZIP **APOLLO BEACH, FL 33572**

TITLE **S**
NAME **ROBERSON, RHONDA**
STREET ADDRESS **504 SOUTH 58TH STREET**
CITY-STATE-ZIP **TAMPA, FL 33619**

TITLE **VP**
NAME **AKWUE, MIKE**
STREET ADDRESS **11302 SPRING CT #C**
CITY-STATE-ZIP **TAMPA, FL 33612**

TITLE **VP**
NAME **FARINA, JESSICA**
STREET ADDRESS **7503 MELALEUCA LN**
CITY-STATE-ZIP **TAMPA, FL 33619**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/06

Date

813 980-2734

Daytime Phone #