2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000079826

1. Entity Name

M.C.A. ACCOUNTING SERVICE, INC.



FILED
May 05, 2008 08:00 AN
Secretary of State

Applied Far

Not Applicable

Principal Place of Business

9545 2ND ST. NORTH SAINT PETERSBURG, FL 33702 Mailing Address

9545 2ND ST. NORTH

1040

SAINT PETERSBURG, FL 33702



DO NOT WRITE IN THIS SPACE

04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3277244

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

6. Name and Address of Current Registered Agent

BISHOP, TERRI M 9545 2 ND ST N. SAINT PETERSBURG, FL 33702

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prions of registered agent.	ourpose of changing its registered offa	ce or re	gistered agent, or bo	th, in the State	of Florida. I am f	amiliar with, an	d accept
SIGNATURE	Signature, typed or printed name of registered agent and little	if applicable (NOTE Registered Agent	signature i	required when reinstating)	_	DATE		—
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS		<u>.</u>		•		
NAME SIREET ADDRESS CITY-SI-ŽIP	DPT BISHOP, TERRI M 9545 2ND ST N SAINT PETERSBURG, FL 33702				000 06/02/1	000948172 08-80044-	006 150.	00
NAME STREET ADORESS CITY-SI-ZIP				,·			•	
NAME STREET ADDRESS) DO	NOT	WRITE	·,	:
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	•		-		V 2	٠, ٠	· .	
THLE NAME STREET ADDRESS CITY - ST - ZIP					ä	5'		

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

4/30/08

Daytime Phone #