

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90307 021 ***150.00

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04062006 Chg-P CR2E034 (11/05)

DOCUMENT # P95000077384			
1. Entity Name ACCOUNTANTS' NETWORK, INC.			
Principal Place of Business 3773 CENTRAL AVE A080 ST PETERSBURG, FL 33713-8338		Mailing Address 3773 CENTRAL AVE A080 ST PETERSBURG, FL 33713-8338	
2. Principal Place of Business		3. Mailing Address 1384 - 54 AVE NE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ST PETERSBURG FL	
Zip	Country	Zip	Country
33703	USA	33703	USA
4. FEI Number 65-0617459		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINEBRENNER, J.M. 3773 CENTRAL AVE A080 ST PETERSBURG, FL 33713-8338		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1384 - 54 AVE NE City ST PETERSBURG FL Zip Code 33703	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINEBRENNER, J M 3773 CENTRAL AVE ST PETERSBURG, FL 33713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1384 - 54th AVENUE NE ST PETERSBURG FL 33703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WINEBRENNER, WENDY 3773 CENTRAL AVE SAINT PETERSBURG, FL 33713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1384 - 54th AVENUE NE ST PETERSBURG FL 33703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Wendy Winebrenner</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/8/06 727/327-6404 Daytime Phone #	