

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000089643**

1. Entity Name  
TRUEDELL ACCOUNTING SERVICES, INC.



Principal Place of Business

2102 SW 20TH PLACE  
STE 302  
OCALA, FL 34474

Mailing Address

2102 SW 20TH PLACE  
STE 302  
OCALA, FL 34474

**DO NOT WRITE IN THIS SPACE**



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3419860

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

WRIGHT, SUSAN LYNN  
19420 ST. GEORGE DRIVE  
DUNNELLON, FL 34432

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME TRUEDELL, PAUL GRANT  
STREET ADDRESS 9245 SW 9TH TERRACE  
CITY-ST-ZIP Ocala, FL 34476

TITLE STD  
NAME WRIGHT, RONALD K  
STREET ADDRESS 2102 SW 20TH PLACE, STE 302  
CITY-ST-ZIP Ocala, FL 34474

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

UG0000138921  
04/29/04-20100-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: PAUL GRANT TRUEDELL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04  
Date

352-873-4141  
Daytime Phone #