


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90166 019 ***150.00

DOCUMENT # P96000104301		
1. Entity Name POWERS ACCOUNTING SERVICE, INC.		

Principal Place of Business 7026 GREENFERN LANE JACKSONVILLE, FL 32277	Mailing Address 7026 GREENFERN LANE JACKSONVILLE, FL 32277
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01062006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-3418169	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

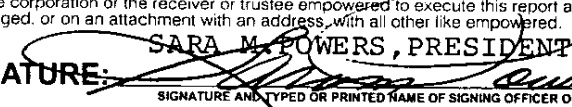
6. Name and Address of Current Registered Agent	
POWERS, SARA M 7026 GREENFERN LAN JACKSONVILLE, FL 32277	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POWERS, SARA M 7026 GREENFERN LANE JACKSONVILLE, FL 32277 <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	ST MAULDIN, CYNTHIA P 15151 SPRINGMOOR ONE CT. JACKSONVILLE, FL 32225 <input checked="" 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	ST POWERS, SARA M 7026 GREENFERN LANE JACKSONVILLE, FL 32277 <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: SARA M. POWERS, PRESIDENT 	Mar 6, 2006 (904) 744-6124
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>

ATTACHMENT

POWERS ACCOUNTING SERVICE, INC
7026 Greenfern Lane
Jacksonville, FL 32277
(904) 744-6124

40026208

SARA M. POWERS
President

#P96000104301

~~CYNTHIA P. BROWN~~

~~XXXXXXXXXXXX~~

MARCH 6, 2006

DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

RE: 2006 ANNUAL REPORT

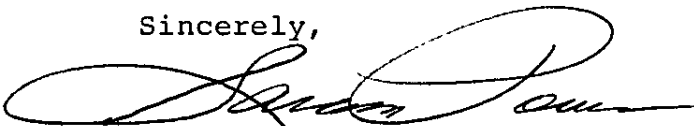
DEAR SIR:

Enclosed is 2006 Annual Report together with check #14714 in the amount of \$150.00 covering fee for 2006.

Also enclosed is copy of 2005 Annual Report on which I requested Cynthia P. Mauldin be deleted as ST and Add Sara M. Powers as ST which you did. However, on 2006 you have Cynthia P. Mauldin still listed as ST. You have also listed Sara M. Powers as ST which is correct. Sara M. Powers is also PD which is correct on 2006 report.

Please make the necessary corrections and if there is anything else I need to furnish you, please advise.

Sincerely,



SARA M. POWERS
President

SMP:
ENC 3

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ATTACHMENT

DOCUMENT # P96000104301

1. Entity Name

POWERS ACCOUNTING SERVICE, INC.



Principal Place of Business
7026 GREENFERN LANE
JACKSONVILLE FL 32277

Mailing Address
7026 GREENFERN LANE
JACKSONVILLE FL 32277

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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Country

4. FEI Number 59-3418169

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POWERS, SARA M
7026 GREENFERN LAN
JACKSONVILLE FL 32277

Name

Street Address (P.O. Box Number is Not Acceptable)

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 terminating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State.

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	POWERS, SARA M	
STREET ADDRESS	7026 GREENFERN LANE	
CITY- ST- ZIP	JACKSONVILLE FL 32277	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MAULDIN, CYNTHIA P	
STREET ADDRESS	15151 SPRINGMOOR ONE CT.	
CITY- ST- ZIP	JACKSONVILLE FL 32225	
TITLE	ST	<input type="checkbox"/> Delete
NAME	POWERS, SARA M	
STREET ADDRESS	7026 GREENFERN LANE	
CITY- ST- ZIP	JACKSONVILLE FL 32277	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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.

SARA M. POWERS, PRESIDENT

SIGNATURE: *Sara M. Powers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-05 (904) 744-6124

Date

Daytime Phone #