2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000002191

Entity Name: ACCOUNTING SUPPORT SERVICES, INC.

Apr 27, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9515 SUNSHINE BLVD

NEW PORT RICHEY, FL 34654 US

Current Mailing Address: New Mailing Address:

9515 SUNSHINE BLVD

NEW PORT RICHEY, FL 34654 US

FEI Number: 59-3416679 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEDYARD, MERLIN R 9515 SUNSHINE BLVD

NEW PORT RICHEY, FL 34654 US

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

HUDON, BETTY J LEDYARD, MERLIN R Name: Name: 12615 SOCIAL DRIVE 9515 SUNSHINE BLVD Address: Address:

City-St-Zip: HUDSON, FL 34667 City-St-Zip: NEW PORT RICHEY, FL 34668

Title: PSD () Delete Title: () Change () Addition

Name: GOSSETT, TOMMY W Name: 9515 SUNSHINE BLVD Address: Address: NEW PORT RICHEY, FL 34654 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MERLIN R. LEDYARD DIR 04/27/2004