


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000003573

1. Entity Name
A BY THE NUMBER ACCOUNTING & TAX SERVICE, INC.



Principal Place of Business
**1929 IMPERIAL GOLF COURSE BLVD.
NAPLES, FL 34110**

Mailing Address
**1929 IMPERIAL GOLF COURSE BLVD.
NAPLES, FL 34110**

DO NOT WRITE IN THIS SPACE



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3422996

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WAKELAND, DAVID JR.
1929 IMPERIAL GOLF COURSE BLVD.
NAPLES, FL 34110**

**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 reinstating)

Signature: typed or printed name of registered agent and title if applicable DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

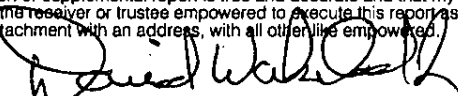
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST WAKELAND, DAVID JR 1929 IMPERIAL GOLF COURSE BLVD. NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WAKELAND, MARCELLA 1929 IMPERIAL GOLF COURSE BLVD. NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WAKELAND, MARCELLA 1929 IMPERIAL GOLF COURSE BLVD NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000940957
05/28/08-80087-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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 its 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 officers empowered.

SIGNATURE:  **4/28/08** **239-596-9739**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #