2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000009611

1. Entity Name
ACCOUNTING SYSTEMS GROUP, INC.

Principal Place of Business
6017 PINE RIDGE ROAD
SUITE 185
NAPLES, FL 34119-3956

Mailing Address
6017 PINE RIDGE ROAD
SUITE 185
NAPLES, FL 34119-3956

01072004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3427720

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FREDERICK, JEFFREY H
2240 21ST ST. SW
NAPLES, FL 34117

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: _____
(Signature of new registered agent, if changing) (Florida Registered Agent number, if known) (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	P
NAME	FREDERICK, JEFFREY H
STREET ADDRESS	2240 21ST ST. SW
CITY-ST-ZIP	NAPLES, FL 34117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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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: Jeffrey H Frederick 1/7/04 239/353-7322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone Number)