2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2008 08:00 A Secretary of State

	ANNUAL	REPURI	,	•. •	Secretary of St
DOCU	MENT # P970000461	77			Secretary of St
1. Entity Name					
ACCURATE UTILITY SERVICES, INC.					
	•				
Principal Pla	ce of Business	Mailing Address			•
		3060 LEON ROAD			
		SUITE 105			
JACKSUNVIL	LE, FL 32246	JACKSONVILLE, FL 32246			
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DO NOT WRITE IN THIS SP			CE	4. FEI Numb	
				31-154	
				5. Certificate	e of Status Desired
	6. Name and Address of Current Re	gistered Agent		and the	Stage of the second second second
SHERBA.	DAVID M			DΟ	NOT WOITE
916 S FOREST CREEK DRIVE			e very egit e	טע	NOT WRITE
ST. AUGU	JSTINE, FL 32092			IN '	THIS SPACE
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				, ,	
	e named entity submits this statement for that toons of registered agent	e purpose of changing its register	ed office or registe	red agent, or b	oth, in the State of Florida. I am familiar with, and accept
1	June 1/1 A	hela 1	cesch	111	1/10/2008
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Registere	d Agent aignature requires		DATE
					<u> </u>
FIL	E NOWIII FEE IS \$150.00	 Election Campaign Finar Trust Fund Contribution. 	~ _ **	.00 May Be led to Fees	U00000784610
After M	lay 1, 2008 Fee will be \$550.00	ridat i dila compidation.		100 10 1 003	01/16/08-80060-020 150.00
10.	. OFFICERS AND DIE	RECTORS			
TITLE NAME	P SHERBA, DAVID M			The reserve to the	green kijnder stellt et op grandelisten om en
STREET ADDRESS	i '			11. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
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TITLE				1.11	**************************************
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TITLE					Alberta Cara Caratha
NAME					
STREET ADDRESS				DO	NOT WRITE
CITY-ST-ZIP					NOTWRITE
TITLE		,		IN:	THIS SPACE
NAME					
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TITLE			1		
NAME				a de la di	and the control of th
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STREET ADDRESS CITY-ST-ZIP				Ar Older Arthur Till Aregin og store	ing programme in the second of

12. I hereby certify that the information supplied with this time 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/10/2008

904564-508

Daytime Phone #