2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000079180

1. Entity Name
ACCOUNTRAC, INC.

Principal Place of Business	Mailing Address
116 39TH DRIVE VERO BEACH, FL 32968	116 39TH DRIVE VERO BEACH, FL 32968

DO NOT WRITE IN THIS SPACE

04182008   No Chg-P   CR2E034 (11/05)

4. FEI Number | Applied For
65-0796375 | Not Applicable

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

6. Name and Address of Current Registered Agent

SHOEMAKER, JACQUELINE M
116 39TH DRIVE
VERO BEACH, FL 32968

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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   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

U000000912316
05/07/08-80076-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHOEMAKER, JACQUELINE M
STREET ADDRESS	116 39TH DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32968

TITLE	D
NAME	MUNSON, DENNIS J
STREET ADDRESS	12310 CREEKHAVEN
CITY-ST-ZIP	DES PERES, MO 63131

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: _Jackie M. Shoemaker_   JACKIE M. SHOEMAKER   4/16/08   7727702000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #