

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90017 001 ***150.00

DOCUMENT # P97000085451

1. Entity Name
NATIONAL ACCOUNTING SERVICE USA INC.



Principal Place of Business

12800 VONN ROAD
UNIT 7552
LARGO, FL 33774

Mailing Address

C/O CLIFF BOWDITCH
6 APPALOOSA DRIVE
KANATA, ONTARIO, CA K2M-1-N6 CA

44015274



2. Principal Place of Business

2641 NORTHEAST 32ND ST.
SUITE, APT. #, etc.
UNIT 3

3. Mailing Address

Suite, APT. #, etc.

02252004

Chg-P

CR2E034 (10/03)

City & State

FT. LAUDERDALE FL

City & State

4. FEI Number

65-0784649

Applied For

Not Applicable

Zip

33306

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOWDITCH, CLIFF
12800 VONN ROAD
UNIT 7552
LARGO, FL 33774

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2641 NORTHEAST 32ND ST. UNIT 3

City

FT. LAUDERDALE

FL

Zip Code

33306

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

FEB 25/04

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 PD ☐ Delete
NAME BOWDITCH, CLIFFORD F
STREET ADDRESS 6 APPALOOSA DRIVE
CITY- ST- ZIP KANATA, ONTARIO, CA k2m1n6

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 25/04 413-541-0229
Date Daytime Phone #