

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90062 033 ***150.00

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04162007 Chg-P CR2E034 (12/06)

DOCUMENT # P97000104875 1. Entity Name ACCOUNTING PRINCIPALS, INC.			
Principal Place of Business ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202		Mailing Address ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202	
2. Principal Place of Business - No P.O. Box # One Independent Dr. Suite, Apt. #, etc.		3. Mailing Address One Independent Dr. Suite, Apt. #, etc. 8th floor	
City & State Jacksonville, FL Zip 32202		City & State Jacksonville, FL Zip 32202	
Country USA		Country USA	
4. FEI Number 59-3482208		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME PAYNE, TIMOTHY D STREET ADDRESS ONE INDEPENDENT DR. CITY-ST-ZIP JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Delete	TITLE President NAME John L. Marshall III STREET ADDRESS one Independent Dr CITY-ST-ZIP JACKSONVILLE, FL 32202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME CROUCH, ROBERT STREET ADDRESS ONE INDEPENDENT DRIVE CITY-ST-ZIP JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPS NAME HOLLAND, GREGORY D STREET ADDRESS 1 INDEPENDENT DR CITY-ST-ZIP JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPTX NAME ROBINSON, GERALD STREET ADDRESS ONE INDEPENDENT DRIVE CITY-ST-ZIP JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AS NAME TUTOR, TYRA STREET ADDRESS ONE INDEPENDENT DRIVE CITY-ST-ZIP JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CEO NAME PAYNE, TIMOTHY D STREET ADDRESS ONE INDEPENDENT DRIVE CITY-ST-ZIP JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4-23-07 Daytime Phone #: 904-360-2704	