

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90098 029 ***150.00

DOCUMENT # P98000030752

1. Entity Name
ACCOUNTING SOLUTIONS PLUS, INC.



Principal Place of Business
1902 N. COUNTRY CLUB RD.
LAKE MARY, FL 32746-3240

Mailing Address
122 N. COUNTRY CLUB RD.
LAKE MARY, FL 32746-3240

4007 J0410



2. Principal Place of Business - No P.O. Box #

192 N. Country Club Rd

3. Mailing Address

Suite, Apt. #, etc.

04142008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-3502431

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENT, MARY T
224 SEMINOLE AVE.
LAKE MARY, FL 32746-2910

Name

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

City

FL

Zip Code

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME KENT, MARY T
STREET ADDRESS 224 SEMINOLE AVE
CITY-ST-ZIP LAKE MARY, FL 327462910

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

TITLE VP ☐ Delete
NAME CASTONGUAY, ROBERT E
STREET ADDRESS 224 SEMINOLE AVE
CITY-ST-ZIP LAKE MARY, FL 327462910

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

TITLE ☐ Delete
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 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:

Mary J. Kent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08

Date

407-328-1800

Daytime Phone #