

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000030752

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** ACCOUNTING SOLUTIONS PLUS, INC.

**Current Principal Place of Business:**

192 N. COUNTRY CLUB RD.  
LAKE MARY, FL 327463240

**New Principal Place of Business:**

224 SEMINOLE AVENUE  
LAKE MARY, FL 327462910

**Current Mailing Address:**

192 N. COUNTRY CLUB RD.  
LAKE MARY, FL 327463240

**New Mailing Address:**

224 SEMINOLE AVENUE  
LAKE MARY, FL 327462910

**FEI Number:** 59-3502431

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KENT, MARY T  
224 SEMINOLE AVE.  
LAKE MARY, FL 327462910 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KENT, MARY T  
Address: 224 SEMINOLE AVE  
City-St-Zip: LAKE MARY, FL 327462910

Title: VP  
Name: CASTONGUAY, ROBERT E  
Address: 224 SEMINOLE AVE  
City-St-Zip: LAKE MARY, FL 327462910

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARY T KENT

PRES

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date