

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000093985

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** ACCU-COUNT OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

690 N. SEMORAN BLVD  
ORLANDO, FL 32807

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 521711  
LONGWOOD, FL 32752

**New Mailing Address:**

**FEI Number:** 59-3543770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JABBARI, MIKE  
690 N. SEMORAN BLVD  
ORLANDO, FL 32807 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: PVST  
Name: JABBARI, MIKE  
Address: 690 N. SEMORAN BLVD.  
City-St-Zip: ORLANDO, FL 32708

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: MIKE JABBARI

PVST

04/28/2011

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

\_\_\_\_\_  
Date