

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90123 020 \*\*\*150.00

DOCUMENT # P98000103147

1. Entity Name

ACCUSHARP SERVICES, INC.



Principal Place of Business

5723 LABELLE ST.  
ORLANDO FL 32809

Mailing Address

5723 LABELLE ST.  
ORLANDO FL 32809



2. Principal Place of Business

4155 N. INDIAN RIVER DR.  
Suite, Apt. #, etc.

3. Mailing Address

4155 N. INDIAN RIVER DR.  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Cocoa, FL

City & State

Cocoa, FL

4. FEI Number

59-3553605

Applied For

Not Applicable

Zip

32927

Country

Zip

32927

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VITALE, JOHN A  
5723 LABELLE AVE.  
ORLANDO FL 32809

7. Name and Address of New Registered Agent

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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME VITALE, JOHN A  
STREET ADDRESS 5723 LABELLE AVE.  
CITY-ST-ZIP ORLANDO FL 32809

TITLE STD ☐ Delete  
NAME VITALE, BELINDA G  
STREET ADDRESS 5723 LABELLE AVE.  
CITY-ST-ZIP ORLANDO FL 32809

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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 4155 N. INDIAN RIVER DRIVE  
CITY-ST-ZIP COCOA, FL 32927

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4155 N. INDIAN RIVER DRIVE  
CITY-ST-ZIP COCOA, FL 32927

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

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

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

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 Section 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:

*John A. Vitale* JOHN A. Vitale

Date

Daytime Phone #

2/10/06