


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2005 8:00 A.M.**  
**Secretary of State**

DOCUMENT # P99000008660 1. Entity Name U.S.A. ACCOUNTING AND INCOME TAX SERVICES INC	
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Principal Place of Business 3600 SOUTH STATE RD 7, STE 1 MIRAMAR, FL 33023	Mailing Address 3600 SOUTH STATE RD 7, STE 1 MIRAMAR, FL 33023
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**DO NOT WRITE IN THIS SPACE**



05052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0995394	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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## 6. Name and Address of Current Registered Agent

WALKER, ORVILLE  
3600 SOUTH STATE RD 7, STE 1  
MIRAMAR, FL 33023

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
Due by September 7, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALKER, ORVILLE 3600 SOUTH STATE RD 7, STE 1 MIRAMAR, FL 33023
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 affidavit with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0519

Daytime Phone #