


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P99000012493 1. Entity Name A 1 ACCOUNTANTS, INC. |  |
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| Principal Place of Business 11509 DR. M.L. KING JR. BLVD. EAST MANGO, FL 33550 | Mailing Address PO BOX 1187 MANGO, FL 33550-1187 |
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01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-3559775 | Applied For Not Applicable |
| 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 ELDRIDGE, GEORGE T 11509 DR. M.L. KING JR. BLVD. EAST P.O. BOX 1187 MANGO, FL 33550-1187 |
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| DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PDTD ELDRIDGE, RALPH PO BOX 1187 MANGO, FL 335501187 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S ELDRIDGE, GEORGE T PO BOX 1187 MANGO, FL 335501187 |
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| <p>UN00000383032 01/12/06-80036-022 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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: *George T. Eldridge Secretary* *Jan 09, 2006*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #