2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

					, .	CCICIA	ij di St	acc	
DOCUMENT # P99000055661 1. Entity Name ACCENT SERVICES, INC.							00061 048 ***15		
Principal Plac	e of Business	Mailing Address	<u> </u>		40000				
4221 SW 34TH STREET 4221 SW 34TH STREET ORLANDO, FL 32811 ORLANDO, FL 32811					 	- - 1886 1881 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888	in isa	 13 Markada III Jana	
3438	lace of Business - No P.O. Box #	3. Mailing Address 3438 Magg	3138 Maggie Blvd.						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_	04172008	Chg-P	CR2E034 (12/0	6)	
City & State	ndo FZ	City & State Or ando, FZ	-		4. FEI Number 59-358			Applied For Not Applicable	
528	Country	32811	Country		5. Certificate	of Status Desired	□ \$8.75 Fee Req	Additional pired	
	6. Name and Address of Current R	egistered Agent			7. Name and	Address of New I	Registered Agent		
 DDAVEO	D CAMALA I		Name						
DRAVES, DONNA L 120 E CONCORD STREET ORLANDO, FL 32801				Street Address (P.O. Box Number is Not Acceptable)					
	,								
			City				FL Zip C	ode	
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 reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND DIRECT	ORS IN 11	
TITLE	Р	☐ Delete	TITLE				⊠ Chan	ge 🔲 Addition	
NAME	ELDRIDGE, JOHN S		NAME	ے م	30 Mag	in Blad			
STREET ADDRESS	16436 MAGNOLIA BLUFF DRIVE		STREET ADDRESS	345	ss magg	- 2001			
CITY-ST-ZIP	MONTVERDE, FL. 34756		CITY-ST-ZIP	Ox 16	indo, t	1 32011			
TITLE NAME	VP YARBOROUGH, MICHAEL R	☐ Delete	TITLE NAME			ie Blvd. 1 <u>32811</u> ie Blvd 1 <u>32811</u>	₩ Chan	ge 🔲 Addition	
STREET ADDRESS	367 LEXINGDALE DRIVE		STREET ADDRESS	343	38 Maga	ie Blod			
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP	Orli	ando F	1 32811			
TITLE	ST	☐ Defete	TITLE	27 11	Mary 12 / 1	<u> </u>	Chan	ge Addition	
NAME	ELDRIDGE, KERRY		NAME	وأرما	oo ala oo	in Blud	-		
STREET ADDRESS	16436 MAGNOLIA BLUFF DRIVE		STREET ADDRESS	340	o magy	ie Blvd. T. 32811			
CITY-ST-ZIP	MONTVERDE, FL 34756		CITY-ST-ZIP	DYL	anao, 1	1 22011			
TITLE NAME		☐ Delete	TITLE				☐ Chan	ge	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE			· · · <u>-</u>	☐ Chan	ge 🔲 Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
ļ				 			□ c	no 🗖 Addition	
TITLE NAME		☐ Defete	TITLE NAME				☐ Chan	ge 🔲 Addition	
STREET ADDRESS			STREET ADDRESS	1					
CITY-ST-ZIP			CITY-ST-ZIP					<u> </u>	
43 Lborobu	portify that the information cumplied with t	his filing door not qualify for	the exemptions of	notaiooc	Lin Chanter 11	B. Florida Statutes	I further certify that the	e information	

12. Thereby certify that the information supplied with this tiling does not quality for the exemptions contained in Chapter 119, Florida Statules. 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 Statules; 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: __

SIGNATURE AND TYPED OR PRUITED NAME OF SIGNING OFFICER OR DIRECTOR

ough 4/17/08 40

407-468-0738

Daytime Phone #