

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000080683

1. Entity Name
ACCURATE HOME DIAGNOSTICS, INC.



FILED

04 OCT 19 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4982 RIDGEMOOR CIRCLE
PALM HARBOR, FL 34685

Mailing Address
36181 E LAKE RD SUITE 182
PALM HARBOR, FL 34685-3142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09212004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3597580

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIMARCO, ROBERT F.
3444 E LAKE RD, SUITE 412
PALM HARBOR, FL 34685

7. Name and Address of New Registered Agent

Name Deborah A. Cooney, CPA
Street Address (P.O. Box Number is Not Acceptable)

2555 ENTERPRISE RD.

City CLERMONT

FL

Zip Code 33763

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

Deborah A. Cooney, CPA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/10/04

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME WILLIAMS, BRADLEY
STREET ADDRESS 4982 RIDGEMOOR CIRCLE
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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

☐ Change ☐ Addition
200041971982
10/19/04--01014--001 **150.00

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

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

TITLE ☐ Change ☐ Addition
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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 exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE:

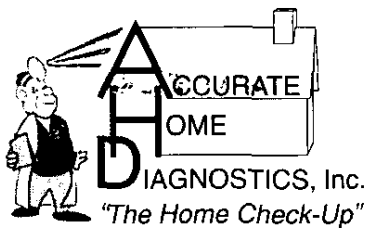
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/04

(727) 771-6239

Date

Daytime Phone #



October 9, 2004

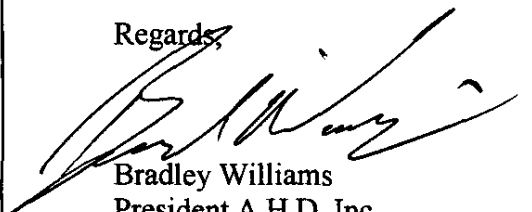
Florida Division of Corporations
P.O.Box 1500
Tallahassee, FL 32302-1500

Reference: Annual Report 2004 (#P99000080683)
Accurate Home Diagnostics Inc. FEI# 59-3597580

Pursuant to our correspondence and your forgiveness policy please accept the enclosed check and completed Annual Report. I notices for renewal were never received by my office and thus not processed.

I thank you for all your help.

Regards,


Bradley Williams
President A.H.D., Inc.

Enclosed – Doc # P99000080683 / Check # 1505