


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000097096 1. Entity Name ACCURATE FINANCE MANAGEMENT, INC.		
Principal Place of Business 100 DRIFTWOOD LANE LARGO, FL 33770	Mailing Address 100 DRIFTWOOD LANE LARGO, FL 33770	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CHOWDHURY, KRISTIN 100 DRIFTWOOD LANE LARGO, FL 33770		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD CHOWDHURY, KRISTIN 100 DRIFTWOOD LANE LARGO, FL 33770	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Kristin Chowdhury</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Kristin Chowdhury</u> <small>Date</small> (727) 581-7088 <small>Daytime Phone #</small>



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3609353

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

000000343504
04/29/05-80098-007 150.00

**DO NOT WRITE
IN THIS SPACE**