

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90147 046 ***150.00

DOCUMENT # P99000106048

1. Entity Name
ABC ACCOUNTING SERVICES, INC.



Principal Place of Business
**13850 DONOVAN LANE
GRAND ISLAND, FL 32735**

Mailing Address
**P.O BOX 350310
GRAND ISLAND, FL 32735-0310**

20057555



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 350163

02072005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3612637

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**RUSSELL, CLAUDIA
13850 DONOVAN LANE
GRAND ISLAND, FL 32735**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 re-issuing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PSD
RUSSELL, CLAUDIA
13850 DONOVAN LANE
GRAND ISLAND, FL 32735**

☐ Delete

TITLE
NAME
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: **Claudia Russell Claudia Russell 4/29/05**