2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S22902

1. Entity Name

ACCOUNTING SERVICES OF BAY COUNTY INC.



Principal Place of Business

Mailing Address

8317 FRONT BEACH ROAD #9 SUITE F

PANAMA CITY, FL 32407 US

8317 FRON BEACH ROAD #9

SUITE F

PANAMA CITY, FL 32407 US

FILED Jan 30, 2006 8:00 am Secretary of State

01-30-2006 90048 032 ***150.00

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DO NOT WRITE IN THIS SPACE

01132006 No Chg-P CR2E034 (11/05)

| 4. FEI Number | | Applied For |
|----------------------------------|-----------------------------------|----------------|
| 59-3043610 | | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

LAWRENCE, ROBERTA 8317 FRONT BEACH ROAD #9

SIGNATURE:

PANAMA CITY BEACH, FL 32407

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | |
| FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financ Trust Fund Contribution. | | | cing | \$5.00 May Be Added to Fees | | | |
| 10. | OFFICERS AND DIREC | CTORS | | | · · · · · · · · · · · · · · · · · · · | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP LAWRENCE, ROBERTA 8317 FRONT BEACH ROAD #9 PANAMA CITY BEACH, FL | | | | | | |
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| CITY-ST-ZIP | | | | | | | |
| TITLE | | | | | | | |
| NAME | | | | | | | |
| STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | | | |
| 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. | | | | | | | |