


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90096 048 ***150.00

DOCUMENT # S28050	
1. Entity Name ACCENT BUSINESS PRODUCTS, INC.	

Principal Place of Business 402 CORDOVA GREENS LARGO FL 33777 US	Mailing Address 402 CORDOVA GREENS LARGO FL 33777 US
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2. Principal Place of Business 204 Club Drive Suite, Apt. #, etc.	3. Mailing Address 204 Club Drive Suite, Apt. #, etc.
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City & State Palm Beach Gardens	City & State Palm Beach Gardens
Zip 33418	Country Palm Beach



1st MOORE CR2E034 (10/04)

4. FEI Number 59-3051341	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITE, JOHN S. 402 CORDOVA GREENS LARGO, FL 33777	
7. Name and Address of New Registered Agent Name White, John S. Street Address (P.O. Box Number is Not Acceptable) 204 Club Drive City Palm Beach Gardens FL Zip Code 33418	

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 **John S. White** *John S. White* **03/15/05**
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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST WHITE, JOHN S 402 CORDOVA GREEN LARGO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST White, John S. 204 Club Drive Palm Beach Gardens FL 33418 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *John S. White* **John S. White** **03/15/05** **(727) 392-2833 To 5/15/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #