# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 02, 2005 08:00 A**
**Secretary of State**

DOCUMENT # S28250

1. Entity Name
COLLEGE PARK ACCOUNTING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1404 EDGEWATER DR<br>ORLANDO, FL 32804 | 1404 EDGEWATER DR<br>ORLANDO, FL 32804 |

DO NOT WRITE IN THIS SPACE

05022005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3043960

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, CANDI L
1404 EDGEWATER DR
ORLANDO, FL 32804

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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 NOW!!! FEE IS $550.00**
**Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PT |
| NAME | SMITH, CANDI L. |
| STREET ADDRESS | 9634 WINDER TRAIL |
| CITY-ST-ZIP | ORLANDO, FL 32817 |
| TITLE | VPS |
| NAME | ANDERSON, LAYLA S |
| STREET ADDRESS | 2576 CORBYTON COURT |
| CITY-ST-ZIP | ORLANDO, FL 32828 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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05/04/05-80028-025 150.00

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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)(i), Florida Statutes. I further certify that the info 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 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 1 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ President 5-1-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #