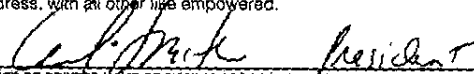


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # S28250		
1. Entity Name COLLEGE PARK ACCOUNTING, INC.		
Principal Place of Business 1404 EDGEWATER DR ORLANDO, FL 32804	Mailing Address 1404 EDGEWATER DR ORLANDO, FL 32804	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent SMITH, CANDI L 1404 EDGEWATER DR ORLANDO, FL 32804		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 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 NAME STREET ADDRESS CITY - ST - ZIP	PT SMITH, CANDI L 9834 WINDER TRAIL ORLANDO, FL 32817	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS ANDERSON, LAYLA S 2576 CORBYTON COURT ORLANDO, FL 32828	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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 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 is changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  resident 5-1-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



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**

000000356278
05/04/05-80028-025 150.00

**DO NOT WRITE
IN THIS SPACE**