


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # S70871**

1. Entity Name  
**A+ BOOKKEEPING, INC.**



Principal Place of Business      Mailing Address

5011 NW 99TH TER      5011 NW 99TH TER  
 CORAL SPRINGS, FL 33076 US      CORAL SPRINGS, FL 33076 US

**DO NOT WRITE IN THIS SPACE**



01152007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>65-0280606</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**VAN HEMEL, MARY K.**  
 5011 NW 99TH TER  
 CORAL SPRINGS, FL 33076

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

U00000590298  
 01/18/07-80051-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS VAN HEMEL, MARY K. 5011 NW 99TH TER CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAN HEMEL, GARY J. 5011 NW 99TH TER CORAL SPRINGS, FL
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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.

SIGNATURE: Mary K. Van Hemel      1/16/07 954255-5545  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #