2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 8:00 am
Secretary of State
01-30-2008 90037 042 ***150.00

DOCUMENT # S90037

1. Entity Name

ACCENTS AT PALM COURT, INC.

Principal Place of Business	Mailing Address
1715 N YOUNG BLVD CHIEFLAND FL 32644 US	P.O. BOX 1021 CHIEFLAND FL 32644 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1715 N. YOUNG BLVD.	P.O. BOX 1021
Suite, Apt. #, etc.: CHIEFLAND, FL	Suite, Apt. #, etc.: CHIEFLAND, FL
City & State	City & State
Zip: 32626 Country: USA	Zip: 32644 Country: USA

4. FEI Number 59-3091109 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DRUMMOND, KAY
1627 N. YOUNG BLVD.
CHIEFLAND FL ~~32644~~ 32626

7. Name and Address of New Registered Agent

Name: KAY DRUMMOND
Street Address (P.O. Box Number is Not Acceptable): 1627 N. YOUNG BLVD
CHIEFLAND, FL
City: FL Zip Code: 32626

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 $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DRUMMOND, KAY G		NAME	
STREET ADDRESS	P.O. BOX 2920		STREET ADDRESS	
CITY-ST-ZIP	CHIEFLAND FL ~~32644~~ ~~32626~~ 32644		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Kay G Drummond 1/25/08 352-221-0859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #