


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 06, 2005 08:00 AM
Secretary of State

DOCUMENT # V01277 1. Entity Name ACCUCOPI, INC.	
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Principal Place of Business 628 LOVEJOY ROAD BLDG 2 FORT WALTON BEACH, FL 32548 US	Mailing Address P.O. BOX 99 FT. WALTON BEACH, FL 32549-5313 US
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07152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3109716	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**HUTCHISON, THOMAS G
628 LOVEJOY ROAD
BLDG 2
FORT WALTON BEACH, FL 32548**

**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	PDST HUTCHISON, TOMMY 628 LOVEJOY RD., BLDG. 2 FT. WALTON BCH., FL 32548
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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1100000377762
09/07/05-80010-016 550.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Thomas G. Hutchison 7-18-05 850 2434433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #