2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V01277

1. Entity Name
ACCUCOPI, INC.

Principal Place of Business	Mailing Address
628 LOVEJOY ROAD BLDG 2 FORT WALTON BEACH, FL 32548 US	P.O. BOX 99 FT. WALTON BEACH, FL 32549-5313 US

DO NOT WRITE IN THIS SPACE

01162007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3109716	Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 $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

10.   OFFICERS AND DIRECTORS

TITLE	PSDT
NAME	HUTCHISON, TOMMY
STREET ADDRESS	628 LOVEJOY RD., BLDG. 2
CITY-ST-ZIP	FT. WALTON BCH., FL 32548

U00000738665
05/11/07-80076-024 158.75

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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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Thomas G. Hutchison 4-26-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date