

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90683 045 \*\*\*150.00

**DOCUMENT # V09303**

1. Entity Name  
**ACCUMEN MANAGEMENT SERVICES, INC.**



Principal Place of Business

100 EAST GRANADA BLVD  
ORMOND BEACH, FL 32176 US

Mailing Address

100 EAST GRANADA BLVD  
ORMOND BEACH, FL 32176 US

94051056



02132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3105870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VAUGHN, KATHY  
110 EAST GRANADA BLVD  
SUITE 104  
ORMOND BEACH, FL 32176

**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 \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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  
DP  
KANDEL, MARTIN M.  
21 RIVER RIDGE TRAIL  
ORMOND BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVP  
COLTELLI, LARRY  
347 N. BEACH STREET  
ORMOND BEACH, FL 32174

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DS  
SCHLOSSBERG, STEVE  
1001 N HALIFAX AVE  
DAYTONA BEACH, FL 32118

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
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)(i), 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 either like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven M. Schlossberg 2/13/04 (386)  
257-2026

Date

Daytime Phone #