

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 08:00 AM**  
**Secretary of State**

**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**



01312006 No Chg-P CR2E034 (11/05)

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**UN00000407613  
02/08/06-80028-002 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	KANDEL, MARTIN M.
STREET ADDRESS	100 EAST GRAMADA BLVD
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	DVP
NAME	COLTELLI, LARRY
STREET ADDRESS	347 N. BEACH STREET
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	DS
NAME	SCHLOSSBERG, STEVE
STREET ADDRESS	1601 N HALIFAX AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
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 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 affidavit, with all other like empowered.

**SIGNATURE:** **STEVE SCHLOSSBERG** 1-31-06 386-257-2026  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #