

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90030 049 ***150.00

DOCUMENT # V64282

1. Entity Name
FIRST ACCOUNTING SERVICES CORP.



Principal Place of Business
3420 SOUTH OCEAN BOULEVARD
UNIT 4-U
HIGHLAND BEACH, FL 33487

Mailing Address
3420 SOUTH OCEAN BOULEVARD
UNIT 4-U
HIGHLAND BEACH, FL 33487

0300000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02012004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0365738

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SESSA, JOSEPH N
6112 N.W. 24TH ST.
BOCA RATON, FL 33434

Name SESSA, JOSEPH N.
Street Address (P.O. Box Number is Not Acceptable)
3420 S. OCEAN BLVD
UNIT 4-U
City HIGHLAND BEACH FL Zip Code 33487

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 JOSEPH N. SESSA
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03-03-04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

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 ☐ Delete
NAME T
STREET ADDRESS SESSA, JOSEPH N
CITY-ST-ZIP 6112 N.W. 24 ST.
BOCA RATON, FL 33434

TITLE ☒ Change ☐ Addition
NAME T
STREET ADDRESS SESSA, JOSEPH N
CITY-ST-ZIP 3420 S. OCEAN BLVD 4-U
HIGHLAND BCH, FL 33487

TITLE ☐ Delete
NAME P
STREET ADDRESS SESSA, LAURA
CITY-ST-ZIP 6112 N.W. 24 ST.
BOCA RATONE, FL 33434

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS SESSA, LAURA
CITY-ST-ZIP 3420 S. OCEAN BLVD, 4-U
HIGHLAND BEACH, FL 33487

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other file empowered.

SIGNATURE: JOSEPH N. SESSA 03-03-04 (561) 274-4019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #