

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J36057

Entity Name: ACCENT BUSINESS PRODUCTS OF SOUTHWEST FLORIDA, INC.**FILED**
Jan 02, 2014
Secretary of State
CC6018511946**Current Principal Place of Business:**6411 ARC WAY
FT. MYERS, FL 33966**Current Mailing Address:**PO BOX 60011
FT MYERS, FL 33906 US**FEI Number: 59-2728402****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**TURBEVILLE, LARRY R.
642 PARKDALE BLVD
LEHIGH ACRES, FL 33936 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DP
Name	TURBEVILLE, LARRY R.
Address	642 PARKDALE BLVD
City-State-Zip:	LEHIGH ACRES FL 33936

Title	STD
Name	TURBEVILLE, SHARON
Address	642 PARKDALE BLVD
City-State-Zip:	LEHIGH ACRES FL 33936

Title	DV
Name	TURBEVILLE, RICHARD
Address	516 LAKE AVE
City-State-Zip:	LEHIGH ACRES FL 33972

Title	VP OF OPERATIONS
Name	TURBEVILLE, LESLIE N
Address	6261 ARC WAY
City-State-Zip:	FT. MYERS FL 33966

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LESLIE TURBEVILLE**VP OF OPERATIONS****01/02/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date