

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J36057

**Entity Name:** ACCENT BUSINESS PRODUCTS OF SOUTHWEST FLORIDA, INC.

**FILED**  
**Jan 06, 2015**  
**Secretary of State**  
**CC7981025120**

**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**

**01/06/2015**

Electronic Signature of Signing Officer/Director Detail

Date