

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K85713

**Entity Name:** NATIONAL ACCOUNTING & MANAGEMENT SERVICES INC.

**FILED**  
**Apr 07, 2016**  
**Secretary of State**  
**CC7206503535**

**Current Principal Place of Business:**

650 NORTH LAKE BLVD  
SUITE 530  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

650 NORTH LAKE BLVD  
SUITE 530  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number: 59-2957476**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WOOD, LAURA J  
107 WHITCOMB DRIVE  
GENEVA, FL 32732 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	SC-D	Title	D-P
Name	PIRES, JOE	Name	WOOD, LAURA J
Address	107 WHITCOMB DR	Address	107 WHITCOMB DRIVE
City-State-Zip:	GENEVA FL 32732	City-State-Zip:	GENEVA FL 32732

*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: JOE PIRES** \_\_\_\_\_

**SECRETARY**

**04/07/2016**

Electronic Signature of Signing Officer/Director Detail

Date