

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000006693

Entity Name: L.A. ACCOUNTING CORPORATION**Current Principal Place of Business:**2002 COFFEE POT BLVD, N.E.
ST PETERSBURG, FL 33704**Current Mailing Address:**2002 COFFEE POT BLVD, N.E.
ST PETERSBURG, FL 33704**FEI Number:** 81-1216901**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POWERS, JAMES
2002 COFFEE POT BLVD, N.E.
ST PETERSBURG, FL 33704 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	P
Name	POWERS, LARISSA
Address	2002 COFFEE POT BLVD., N.E.
City-State-Zip:	ST PETERSBURG FL 33704

Title	SECR
Name	POWERS, LARISSA
Address	2002 COFFEE POT BLVD., N.E.
City-State-Zip:	ST PETERSBURG FL 33704

Title	TREA
Name	POWERS, LARISSA
Address	2002 COFFEE POT BLVD., N.E.
City-State-Zip:	ST PETERSBURG FL 33704

Title	DIRE
Name	POWERS, LARISSA
Address	2002 COFFEE POT BLVD., N.E.
City-State-Zip:	ST PETERSBURG FL 33704

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: LARISSA POWERS**PRESIDENT****01/27/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date