

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000062943

**Entity Name:** A - Z BOOKKEEPING SERVICE INC.

**Current Principal Place of Business:**

1308 WINDY MEADOW DR.  
MINNEOLA, FL 34715

**Current Mailing Address:**

1308 WINDY MEADOW DR.  
MINNEOLA, FL 34715 US

**FEI Number:** 82-2271178

**Certificate of Status Desired:** No

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

WUCHEVICH, LORI  
1308 WINDY MEADOW DR.  
MINNEOLA, FL 34715 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 WUCHEVICH, LORI  
Address 1308 WINDY MEADOW DR.  
City-State-Zip: MINNEOLA FL 34715

Title VP  
Name WUCHEVICH, LORI  
Address 1308 WINDY MEADOW DR.  
City-State-Zip: MINNEOLA FL 34715

Title T  
Name WUCHEVICH, LORI  
Address 1308 WINDY MEADOW DR.  
City-State-Zip: MINNEOLA FL 34715

Title S  
Name WUCHEVICH, LORI  
Address 1308 WINDY MEADOW DR.  
City-State-Zip: MINNEOLA FL 34715

*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:** LORI WUCHEVICH

**PRESIDENT**

**01/19/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date