


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # G09925
 1. Entity Name
ACME SPONGE & CHAMOIS CO., INC.



Principal Place of Business P.O. BOX 338, P.O. BOX 338 TARPON SPRINGS, FL 34688-7338	Mailing Address P.O. BOX 338, P.O. BOX 338 TARPON SPRINGS, FL 34688-7338
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DO NOT WRITE IN THIS SPACE



02032004 No Chg-P CR2E034 (10/03)

4. FEI Number 36-2097597	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent
 CANTONIS, GEORGE M.
 855 E PINE ST
 TARPON SPRINGS, FL 34689

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000066820
 02/26/04-80031-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC CANTONIS, MICHAEL G. 855 E PINE ST TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CANTONIS, GEORGE M.(EXC) 855 E PINE ST TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CANTONIS, JAMES M. 855 E PINE ST TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS HELLER, STEPHEN H. 855 E PINE ST TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____