


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90022 037 ***150.00

DOCUMENT # G09925

1. Entity Name
ACME SPONGE & CHAMOIS CO., INC.



Principal Place of Business Mailing Address
P.O. BOX 338. P.O. BOX 338.
P.O. BOX 338 P.O. BOX 338
TARPON SPRINGS, FL 34688-7338 TARPON SPRINGS, FL 34688-7338


2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Zip Country Country

00010017



01112005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
36-2097597 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CANTONIS, GEORGE M.
855 E PINE ST
TARPON SPRINGS, FL 34689

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> Delete
NAME	CANTONIS, MICHAEL G.	
STREET ADDRESS	855 E PINE ST	
CITY-ST-ZIP	TARPON SPRINGS, FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CANTONIS, GEORGE M.(EXC)	
STREET ADDRESS	855 E PINE ST	
CITY-ST-ZIP	TARPON SPRINGS, FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CANTONIS, JAMES M.	
STREET ADDRESS	855 E PINE ST	
CITY-ST-ZIP	TARPON SPRINGS, FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HELLER, STEPHEN H.	
STREET ADDRESS	855 E PINE ST	
CITY-ST-ZIP	TARPON SPRINGS, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ **2/19/05** **(727) 943-3238**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #