


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 A
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 34688-0338	Mailing Address P.O. BOX 338. P.O. BOX 338 TARPON SPRINGS, FL 34688-0338
---	---

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 36-2097597	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>	DATE _____
---	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C CANTONIS, MICHAEL G. 855 E PINE ST TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/V P 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	DST HELLER, STEPHEN H. 855 E PINE ST TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000631420
02/20/07-80046-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>2/8/07</u> Date	<u>(727) 9373222</u> Daytime Phone #
--	--------------------	--------------------------------------