


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90022 047 \*\*\*150.00

**DOCUMENT # M68290**  
 1. Entity Name  
**ACME DYNAMICS, INC.**



Principal Place of Business Mailing Address  
 3608 SYDNEY RD 3608 SYDNEY RD  
 P O BOX 1780 P O BOX 1780  
 PLANT CITY, FL 33564-1780 US PLANT CITY, FL 33564-1780 US

**54033954**



2. Principal Place of Business 3. Mailing Address

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

04132004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number **59-2871798** Applied For Not Applicable

Zip Country Zip Country

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

**6.-Name and Address of Current Registered Agent-**  
 MURPHY, JOSEPH A  
 4615 GENTRICE DRIVE  
 VALRICO, FL 33594

**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, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	MURPHY, JOSEPH A.	
STREET ADDRESS	4615 GENTRICE DR	
CITY-ST-ZIP	VALRICO, FL	
TITLE	EVD	<input type="checkbox"/> Delete
NAME	IRWIN, CHRISTOPHER	
STREET ADDRESS	11404 ORILLA DEL RIO PL	
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	
TITLE	VD	<input type="checkbox"/> Delete
NAME	THARPE, MELVIN D.	
STREET ADDRESS	629 SE 28TH STREET, #17	
CITY-ST-ZIP	MELROSE, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10010 BELLE RIVE BLVD. E.	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
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: Joseph A. Murphy **JOSEPH A. MURPHY, PRESIDENT** 4/13/04 (813) 752-3137  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #