

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M68290

Entity Name: ACME DYNAMICS, INC.

FILED  
Apr 27, 2009  
Secretary of State

## Current Principal Place of Business:

3608 SYDNEY RD  
P O BOX 1780  
PLANT CITY, FL 335641780 US

## New Principal Place of Business:

3608 SYDNEY RD  
PLANT CITY, FL 33566 US

## Current Mailing Address:

3608 SYDNEY RD  
P O BOX 1780  
PLANT CITY, FL 335641780 US

## New Mailing Address:

P O BOX 1780  
PLANT CITY, FL 335641780 US

FEI Number: 59-2871798

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MURPHY, JOSEPH A  
4615 GENTRICE DRIVE  
VALRICO, FL 33594 US

## Name and Address of New Registered Agent:

JOHN A. DWYER, ATTORNEY AT LAW  
506 N. ALEXANDER  
PLANT CITY, FL 33563 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: JOHN A. DWYER

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MURPHY, JOSEPH A.  
Address: 4615 GENTRICE DR  
City-St-Zip: VALRICO, FL

Title: EVD ( ) Delete  
Name: IRWIN, CHRISTOPHER  
Address: 11404 ORILLA DEL RIO PL  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: VD ( ) Delete  
Name: THARPE, MELVIN D.  
Address: 4108 PALMETTO BAY DR  
City-St-Zip: ELKTON, FL 32033

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MURPHY, JOSEPH A.  
Address: 4615 GENTRICE DR  
City-St-Zip: VALRICO, FL 33596

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: THARPE, MELVIN D.  
Address: PO BOX 362  
City-St-Zip: SUWANEE, FL 32692

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH A. MURPHY

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date