


**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90401 046 \*\*\*150.00

DOCUMENT # POS000002827  
1. Entity Name  
Acorp, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 255 East St.  
Suite, Apt. #, etc. Suite F

3. Mailing Address PO Box 5708  
Suite, Apt. #, etc.

City & State Melbourne, FL City & State Titusville, FL  
Zip 32904 Country USA Zip 32783 Country USA

CR2E034B (8/05)

4. FEI Number: 38-3713785  
Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name Diane G. Moore  
Street Address (P.O. Box Number is Not Acceptable) 6745 Cedar St.  
City & State Cocoa, FL Zip 32927

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 Diane G. Moore (NOTE Registered Agent signature required when reinstating) DATE 4/16/06

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended AR is \$61.25  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE	<u>President</u>	TITLE	
NAME	<u>Diane G. Moore</u>	NAME	
STREET ADDRESS	<u>PO Box 5708</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Titusville, FL 32783</u>	CITY-ST-ZIP	
TITLE	<u>V.P.</u>	TITLE	
NAME	<u>James Moore Jr.</u>	NAME	
STREET ADDRESS	<u>PO Box 5708</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Titusville, FL 32783</u>	CITY-ST-ZIP	
TITLE	<u>Tres.</u>	TITLE	
NAME	<u>Diane G. Moore</u>	NAME	
STREET ADDRESS	<u>PO Box 5708</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Titusville, FL 32783</u>	CITY-ST-ZIP	
TITLE	<u>Sec.</u>	TITLE	
NAME	<u>James A Moore Jr.</u>	NAME	
STREET ADDRESS	<u>PO Box 5708</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Titusville, FL 32783</u>	CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE Diane G. Moore Pres. Diane G. Moore Date 4/16/06 (321)223-7917  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #