

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State



DOCUMENT # P34689

1. Entity Name
 ACC ASSOCIATION, INC.

Principal Place of Business

941 O STREET
 SUITE B-2
 LINCOLN, NE 68508 US

Mailing Address

941 O STREET
 SUITE B-2
 LINCOLN, NE 68508 US



04142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 47-0698618 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HUTCHINS, CARL
 240 S W 8TH STREET
 SUITE D
 Ocala, FL 34474

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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

Signature, typed or printed name of registered agent and title if applicable

(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 P
 NAME MUSIEL, DAVID
 STREET ADDRESS 1616 TRELAWNEY DRIVE
 CITY-ST-ZIP LINCOLN, NE 68512

TITLE ST
 NAME SCHMEHL, HEATHER
 STREET ADDRESS 3251 ORCHARD ST
 CITY-ST-ZIP LINCOLN, NE 68503

TITLE V
 NAME MUSIEL, BEVERLY
 STREET ADDRESS 1616 TRELAWNEY DRIVE
 CITY-ST-ZIP LINCOLN, NE 68512

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 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)(f), 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:

David Musiel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-05
 Dave musiel, President, 402-477-7006
 Date Daytime Phone #