

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P34689
 1. Entity Name
ACC ASSOCIATION, INC.



Principal Place of Business Mailing Address
501 EVERLT **PO BOX 127**
FIRTH, NE 68358 US **FIRTH, NE 68358 US**

DO NOT WRITE IN THIS SPACE



04122008 No Chg-P CR2E034 (11/05)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

000000914149
 05/08/08-80044-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MUSIEL, DAVID
STREET ADDRESS	609 ABRAHAM
CITY-ST-ZIP	FIRTH, NE 68358
TITLE	V
NAME	MUSIEL, BEVERLY
STREET ADDRESS	609 ABRAHAM
CITY-ST-ZIP	FIRTH, NE 68358
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *David Musiel / Pres.* 4/11/08 402-791-5555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #