

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13564

Entity Name: ACN COMPANY

FILED  
Feb 18, 2009  
Secretary of State

## Current Principal Place of Business:

2755 N. BANANA RIVER DRIVE  
MERRITT ISLAND, FL 32952 US

## New Principal Place of Business:

## Current Mailing Address:

2755 N. BANANA RIVER DRIVE  
MERRITT ISLAND, FL 32952 US

## New Mailing Address:

FEI Number: 59-2063646

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NOTARY, ALBERT C.  
690 TIMUQUANA DRIVE  
MERRITT ISLAND, FL 32953 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: NOTARY, ALBERT C.,  
Address: 690 TIMUQUANA DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: PST ( ) Delete  
Name: NOTARY, SARA R.,  
Address: 690 TIMUQUANA DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32953 FL

Title: VP ( ) Delete  
Name: NOTARY, KEITH I  
Address: 690 TIMUQUANA DR  
City-St-Zip: MERRITT ISLAND, FL 32953 FL

Title: VP ( ) Delete  
Name: NOTARY, MICHAEL  
Address: 690 TIMUQUANA DR  
City-St-Zip: MERRITT ISLAND, FL 32953

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition  
Name: NOTARY, ALBERT C.,  
Address: 690 TIMUQUANA DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: P (X) Change ( ) Addition  
Name: NOTARY, SARA R.,  
Address: 690 TIMUQUANA DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32953 FL

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

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

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: ALBERT C. NOTARY

ST

02/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date