

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003342

FILED
May 01, 2006
Secretary of State

Entity Name: A.C.T.S. 29, INC.

Current Principal Place of Business:

6209 SOUTH LIMA AVENUE
HOMOSASSA, FL 34446

New Principal Place of Business:

Current Mailing Address:

6343 SO. LIMA AVENUE
HOMOSASSA, FL 34446

New Mailing Address:

FEI Number: 42-1121123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HAINES, DEBORAH R
6343 SO. LIMA AVE.
HOMOSASSA, FL 34446 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CDP () Delete
Name: HAINES, DEBORAH
Address: 6343 SO. LIMA AVE.
City-St-Zip: HOMOSASSA, FL 34446

Title: VCD () Delete
Name: HAINES, DANIEL
Address: 6343 S. LIMA AVENUE
City-St-Zip: HOMOSASSA, FL

Title: BMD () Delete
Name: ESSER, CHARLES
Address: 6343 SO. LIMA AVE.
City-St-Zip: HOMOSASSA, FL 34446

Title: BMD () Delete
Name: ESSER, ELIZEBETH
Address: 6343 S LIMA AVE
City-St-Zip: HOMOSASSA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH R. HAINES

CDP

05/01/2006

Electronic Signature of Signing Officer or Director

Date