


FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90125 030 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G53482			
1. Entity Name ACME BUSINESS SERVICES, INC.			
Principal Place of Business 1621 N. TAMIAMI TRAIL, UNIT 4 N. FT. MYERS, FL 33903 US		Mailing Address 1621 N. TAMIAMI TRAIL, UNIT 4 N. FT. MYERS, FL 33903 US	
2. Principal Place of Business 80 PONDILLA ROAD Suite, Apt. #, etc. Suite E		3. Mailing Address 80 Pondilla Road Suite, Apt. #, etc. Suite E	
City & State N Ft. Myers FL		City & State N Ft. Myers FL	
Zip 33903		Country USA	
4. FEI Number 65-1029330		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEARDMORE, TERESA L 1621 N. TAMIAMI TRAIL, UNIT 4 N. FT. MYERS, FL 33903		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEARDMORE, TERESA L 1614 VIVIAN LN FORT MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BEARDMORE, RUSSELL 1614 VIVIAN LN FORT MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Teresa Lea Beard</u>		TERESA LEA BEARDMORE 4/4/05 239-997-1020	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day/Time Phone #	