

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # J30470

1. Entity Name
ADVANCED COMMUNICATIONS MANAGEMENT, INC.



Principal Place of Business
**10069 N FLORIDA AVE
SUITE B-2
TAMPA, FL 33612 US**

Mailing Address
**PO BOX 17758
TAMPA, FL 33682-758 US**



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2814124

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHMIELEWSKI, JACK
1913 MARVY AVENUE
TAMPA, FL 33612**

**DO NOT WRITE
IN THIS SPACE**

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	VSD
NAME	CHMIELEWSKI, JACK
STREET ADDRESS	1913 MARVY AVENUE
CITY - ST - ZIP	TAMPA, FL 33612
TITLE	PD
NAME	CHMIELEWSKI, JACK
STREET ADDRESS	1913 MARVY AVE
CITY - ST - ZIP	TAMPA, FL
TITLE	CD
NAME	TAYLOR, JANICE
STREET ADDRESS	1913 MARVY AVE
CITY - ST - ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

100000358545
05/04/05-80116-023 158.75

**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:

Jack Chmielewski **Jack Chmielewski**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2005 (813)932-2619

Date

Daytime Phone #