

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L55503**

1. Entity Name  
**A/C MEN, INC.**



Principal Place of Business

**% KATHRYN H. BERTORELLO  
4305 MAURICE DR.  
DELRAY BEACH, FL 33445**

Mailing Address

**% KATHRYN H. BERTORELLO  
4305 MAURICE DR.  
DELRAY BEACH, FL 33445**



04042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0177180**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BERTORELLO, KATHRYN H.  
4305 MAURICE DR.  
DELRAY BEACH, FL 33445**

**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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
BERTORELLO, KATHRYN H.  
4305 MAURICE DR  
DELRAY BEACH, FL 33445**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
BERTORELLO, PAUL  
4305 MAURICE DR  
DELRAY BEACH, FL 33445**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
BARBER, RANDY SCOTT  
820 SUMMERS STREET  
LAKE WORTH, FL 33461**

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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04/18/08-80017-016 150.00

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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:** *Kathryn Bertorello Pres.* **KATHRYN BERTORELLO Pres.** 4-4-08 561-498-5251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #