

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L55503

Entity Name: A/C MEN, INC.

FILED  
Jan 22, 2009  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

4305 MAURICE DR.  
DELRAY BEACH, FL 33445

## Current Mailing Address:

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

## New Mailing Address:

4305 MAURICE DR.  
DELRAY BEACH, FL 33445

FEI Number: 65-0177180

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

ALL FLORIDA FIRM  
813 DELTONA BLVD STE A  
BOX # 1381192  
DELRAY BEACH, FL 32725 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: DEVIN NEWMAN FOR ALL FLORIDA FIRM

01/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BERTORELLO, KATHRYN, H.  
Address: 4305 MAURICE DR  
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP ( ) Delete  
Name: BERTORELLO, PAUL,  
Address: 4305 MAURICE DR  
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP ( ) Delete  
Name: BARBER, RANDY SCOTT,  
Address: 820 SUMMERS STREET  
City-St-Zip: LAKE WORTH, FL 33461

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BERTORELLO, KATHRYN  
Address: 4305 MAURICE DR  
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP (X) Change ( ) Addition  
Name: BERTORELLO, PAUL  
Address: 4305 MAURICE DR  
City-St-Zip: DELRAY BEACH, FL 33445

Title: D (X) Change ( ) Addition  
Name: BARBER, RANDY S  
Address: 820 SUMMERS STREET  
City-St-Zip: LAKE WORTH, FL 33461

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: DEVIN NEWMAN FOR KATHRYN BERTORELLO

P

01/22/2009

Electronic Signature of Signing Officer or Director

Date