

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # M68290

1. Entity Name
ACME DYNAMICS, INC.



Principal Place of Business
**3608 SYDNEY RD
P O BOX 1780
PLANT CITY, FL 33564-1780 US**

Mailing Address
**3608 SYDNEY RD
P O BOX 1780
PLANT CITY, FL 33564-1780 US**



04232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2871798

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MURPHY, JOSEPH A
4615 GENTRICE DRIVE
VALRICO, FL 33594**

**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 re-registering)

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

000000923171
05/16/08-80020-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MURPHY, JOSEPH A.
STREET ADDRESS	4615 GENTRICE DR
CITY-ST-ZIP	VALRICO, FL
TITLE	EVD
NAME	IRWIN, CHRISTOPHER
STREET ADDRESS	11404 ORILLA DEL RIO PL
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
TITLE	VD
NAME	THARPE, MELVIN D.
STREET ADDRESS	4108 PALMETTO BAY DR
CITY-ST-ZIP	ELKTON, FL 32033
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

JOSEPH A. MURPHY, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08
Date

(813) 752-3137
Daytime Phone #