## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000011175

FILED Feb 22, 2005 Secretary of State

Entity Name: AMERICAN CADET CORPS, INC.						
Current P	rincipal Pla	ce of Business:	New Prince	New Principal Place of Business:		
161 CAMP LABELLE,	BELL STRE FL 33935	ET				
Current Mailing Address:			New Mailing Address:			
161 CAMP LABELLE,	BELL STRE FL 33935	ET				
FEI Number:	84-1657074	FEI Number Applied For()	FEI Number Not App	icable ( ) Certificate	of Status Desired (X)	
Name and	Address of	Current Registered Agent:	Name and	Address of New Regis	tered Agent:	
	IS, STEVEN WBOY WAY FL 33975					
	named entit of Florida.	y submits this statement for the	e purpose of changing i	ts registered office or reg	istered agent, or both,	
SIGNATUR	RE:					
	Electr	onic Signature of Registered A	gent	Da	ate	
OFFICERS	S AND DIRE	CTORS:	ADDITION	IS/CHANGES TO OFFIC	ERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P WILLIAMS, F 161 CAMPBE LABELLE, FL	ELL STREET	Title: Name: Address: City-St-Zip:	( ) Change ( )	Addition	
Title: Name: Address: City-St-Zip:	D LEE, RONAL 161 CAMPBE LABELLE, FL	ELL STREET	Title: Name: Address: City-St-Zip:	D (X) Change ( ) LOWE, DAN 161 CAMPBELL STREET LABELLE, FL 33935	Addition	
Title: Name: Address: City-St-Zip:	V MCVEY, MIC 161 CAMPBE LABELLE, FL	ELL STREET	Title: Name: Address: City-St-Zip:	( ) Change ( )	Addition	
Title: Name: Address: City-St-Zip:	T SMITH, JOHN 161 CAMPBE LABELLE, FL	ELL STREET	Title: Name: Address: City-St-Zip:	() Change ()	Addition	
Title: Name:	D HERNANDEZ	( ) Delete FMILIO JR	Title: Name	( ) Change ( )	Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: RICHARD WILLIAMS Ρ 02/22/2005

161 CAMPBELL STREET

LABELLE, FL 33935

Address: City-St-Zip: