

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**Feb 16,
Secr**

DOCUMENT # P00000010839 1. Entity Name A.C.M. REALTY GROUP, INC.		
Principal Place of Business 1902 SO. MACDILL AVENUE TAMPA, FL 33629	Mailing Address 1902 SO. MACDILL AVENUE TAMPA, FL 33629	
DO NOT WRITE IN THIS SPACE		



02072006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3685440	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BARNETT, LESLIE J 601 BAYSHORE BLVD., STE. 700 TAMPA, FL 33606	DO NOT WRITE IN THIS SPACE
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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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MYARA, ANNIE C
STREET ADDRESS	1902 SO. MACDILL
CITY - ST - ZIP	TAMPA, FL 33629
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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02/28/06-80012-011 150.00

**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: Annie C. Myara, ANNIE C. MYARA 2-9-06 (813) 258-8770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #