

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90321 017 ***150.00

DOCUMENT # P00000030702 1. Entity Name ACW ADVERTISING SPECIALTIES, INC.					
Principal Place of Business 12731 138TH STREET N. LARGO, FL 33774			Mailing Address 12731 138TH STREET N. LARGO, FL 33774		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ANKWIZ, WALTER J 12731 138TH STREET N. LARGO, FL 33774					
7. Name and Address of New Registered Agent Name: <u>CYNTHIA L. ANKWIZ</u> Street Address (P.O. Box Number is Not Acceptable) <u>12731 138th St. N.</u> City: <u>LARGO</u> FL Zip Code: <u>33774</u>					
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: <u>CYNTHIA L. ANKWIZ</u> <u>Cynthia L. Ankviz (Pus)</u> DATE: <u>3/8/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANKWIZ, CYNTHIA L 12731 138TH STREET N. LARGO, FL 33774	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CYNTHIA L. ANKWIZ 12731 138th St. N. LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANKWIZ, WALTER J 12731 138TH STREET N. LARGO, FL 33774	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS PATRICIA A. CARNEGIS 2217 BANNER HILL RD. FREDERICK, MD 21702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KOLBRICK, DEBBIE 12112 MEADOWBROOK LN LARGO, FL 33774	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>CYNTHIA L. ANKWIZ</u> <u>CYNTHIA L. ANKWIZ</u> DATE: <u>3/8/05</u> DAYTIME PHONE #: <u>727-488-4889</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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