

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000034895

1. Entity Name
ACSF HOLDINGS, INC.



Principal Place of Business
505 SOUTH FLAGLER DRIVE STE 1100
WEST PALM BEACH, FL 33401

Mailing Address
PO BOX 433
WINTER HAVEN, FL 33880



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1103948

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PORTLUCK, SAMUEL W III
101 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33880

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 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HENRY, ANN P
3028 WASHINGTON ROAD
WEST PALM BEACH, FL 33405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MCADAMS, CLARE P
600 ISLAND WAY
WINTER HAVEN, FL 33884

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
PORTLOCK, SAMUEL W III
9 BROGDON CT SE
WINTER HAVEN, FL 33880

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
PORTLOCK, FRANK D
850 WEST LAKE OTIS DR
WINTER HAVEN, FL 33880

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000399443
02/01/06-80012-022 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] Sam Portlock 1/18/06 8632947371