

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000069096

Entity Name: JOHN'S A.C.R., INC.

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

6147 ARTHUR AVE
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

6141 ARTHUR AVE
NEW PORT RICHEY, FL 34653

Current Mailing Address:

6147 ARTHUR AVE
NEW PORT RICHEY, FL 34653

New Mailing Address:

6141 ARTHUR AVE
NEW PORT RICHEY, FL 34653

FEI Number: 02-0587744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROW, LARRY
1247 PINELLAS AVE
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: CONZOLE, LORRAINE
Address: 6147 ARTHUR AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: PCEO () Delete
Name: MAY, LISALYN
Address: 6147 ARTHUR AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISALYN MAY

PCEO

04/24/2006

Electronic Signature of Signing Officer or Director

Date