2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P01000094110 1. Entity Name ACMC-OCE, INC.					04-11-2005 90137 035 ***150.00					
Principal Plac	e of Business	Mailing Address	Mailing Address							
13777 BELC LARGO, FL 3		13777 BELCHER RD LARGO, FL 33771				esisi deli bella sebu bella		I NEH PEH	186 1 is 1661	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02142005	Chg-P	CR2E034 (1	0/03)		
City & State		City & State		4. FEI Number Applied For 59-3745535 Not Applicable						
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired \$8.75 Additional Fee Required					
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
SOCKOL, DAVID J ESQ 111 SECOND AVE NE PLAZA TOWER, SUITE 1401 SAINT PETERSBURG, FL 33701					JOHN T. S (P.O. Box Number is Not Acceptable) BELCHER ROAD S.					
	م در			City LARGO		 	FL Z	ip Code	71	
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 JOHN T. YOUNG 3/29/2005 (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRE	CTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST YOUNG, JOHN T 13777 BELCHER RD LARGO, FL 33771	☐ Detate		I				hange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete .			I				hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			I			c	hange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete		ŀ				hange	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete						hange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I				hange	Addition	
12. I hereby of	certify that the information supplied wit on this report or supplemental report	h this filing does not qualify for	the exe	mption stated in Seture shall have the	ection 119.07(3)(i), Florida Statutes. I	I further certify that	at the in	formation or director	

of the corporation or supplemental reports frue and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer of 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.

JOHN T. INTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/2005