2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2004 8:00 am Secretary of State

DOCUMENT # P01000095538 1. Entity Name ACMC-CNH, INC.							03-22-2004	4 90082 01	.9 ***15	50.00
Principal Place of Business 13777 BELCHER ROAD LARGO, FL 33771			Mailing Address 13777 BELCHER ROAD LARGO, FL 33771				* **101 11511 88(1) 88(1) 88(1)	II 48 11 4 (8:4) 8/(8)		1881 W 1881
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01292004	Chg-P	CR2E034	(10/03)	
City & State			City & State		4. FEI Numb 59-374				plied For t Applicable	
Zip	Country		Zip Count		try	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Current F	egistered Agent Name			7. Name and Address of New Registered Agent				
SOCKOL, DAVID J ESQ 111 SECOND AVE. N.E.					Street Address (P.O. Box Number is Not Acceptable)					
PLAZA TO SAINT PE		JITE 1401 RG, FL 33701								
					City	FL Zip Code				
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, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.					ncing \$5	5.00 May Be ded to Fees				
10.		OFFICERS AND I		11.		ADDITIONS	/CHANGES TO OFF	ICERS AND D	RECTORS	3 IN 11
TITLE NAME	DPST YOUNG,	JOHN T	☐ Delete TITL					[Change	Addition Addition
STREET ADDRESS 13777 BELCHER RD. SL			STRE		EET ADDRESS					
CITY-ST-ZIP	LARGO, F	FL 33771			'-ST-ZIP					
TITLE NAME			☐ Delete TITLE NAM:					L	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					EET AODRESS '-ST-ZIP					
TITLE			TITL				[Change	Addition	
NAME STREET ADDRESS				NAM STRE	ME EET ADDRESS					
CITY-ST-ZIP					'-ST-ZIP					
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CITY-ST-ZIP	and if that the	as information or molling with	this filing doos not qualify for		/-ST-ZIP	'antion 110 07(2)	Vi) Florido Ctatutos	I forther earlife	that the is	oformation.
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 peopr is true and state 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 true ee 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. Young President 2/18/04
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

727-726-3310