

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000104420

1. Entity Name
AC DIRECT, INC.



FILED

06 NOV 16 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
650 DOUGLAS AVENUE
1024
ALTAMONTE SPRINGS, FL 32714

Mailing Address
650 DOUGLAS AVENUE
1024
ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business
4599 Park Breeze Ct.
Suite, Apt. #, etc.

3. Mailing Address
4599 Park Breeze Ct.
Suite, Apt. #, etc.



11082006 Chg-P CR2E034 (11/05)

City & State
Orlando, FL
Zip
32808
Country
USA

City & State
Orlando, FL
Zip
32808
Country
USA

4. FEI Number
59-3752152
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAINES, MICHAEL
1212 ALOMA AVE.
WINTER PARK, FL 32789

Name
Street Address (P.O. Box Number is Not Acceptable)
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

Amended AR is \$61.25

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	<input type="checkbox"/> Delete
PD	HAINES, MICHAEL L	1212 ALOMA AVENUE	WINTER PARK, FL 32789	<input type="checkbox"/>
EXVP	DE LAGE, JOHN C	650 DOUGLAS AVENUE	ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/>
CFO	DE LAGE, JOHN C	650 DOUGLAS AVENUE	ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 #

11/2/06 407-895-0110