
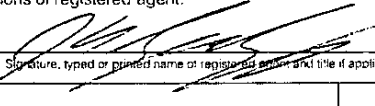
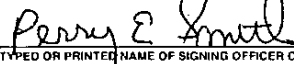


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90058 018 \*\*\*150.00

DOCUMENT # P02000013799					
1. Entity Name ACME \$ OF ORMOND BEACH, INC.					
Principal Place of Business 89 S ATLANTIC AVE #1601 ORMOND BEACH, FL 32176		Mailing Address 89 S ATLANTIC AVE #1601 ORMOND BEACH, FL 32176			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 01-0588688	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WAHNER, DAMIAN C 1700 S DIXIE HWY, SUITE 103 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name <u>JAY W Smith</u> Street Address (P.O. Box Number is Not Acceptable) <u>1801 North Flagler DR. # 701</u> City <u>West Palm Beach</u> FL Zip Code <u>33407</u>		
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 				DATE <u>2/2/05</u>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, PERRY E	NAME			
STREET ADDRESS	89 S ATLANTIC AVE #1601	STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH, FL 32176	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, JAY W	NAME			
STREET ADDRESS	1801 North Flagler DR # 701	STREET ADDRESS			
CITY-ST-ZIP	West Palm Beach, FL 33407	CITY-ST-ZIP			
TITLE	TREASURER - SECRETARY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JANICE R SMITH	NAME			
STREET ADDRESS	1555 California St # 407	STREET ADDRESS			
CITY-ST-ZIP	DENVER, CO 80202	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 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: 		DATE: <u>2/2/2005</u>		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

50013446



02012005 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

2/2/05

2/2/2005