



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90063 048 ***150.00

DOCUMENT # P02000032276 1. Entity Name ACME DEVELOPMENT CORPORATION					
Principal Place of Business P.O. BOX 1299 CRYSTAL SPRINGS, FL 33524			Mailing Address P.O. BOX 1299 CRYSTAL SPRINGS, FL 33524		
2. Principal Place of Business P.O. Box 1003 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1003 Suite, Apt. #, etc.			
City & State 		City & State 		04132005 Chg-P CR2E034 (10/03)	
Zip 		Zip 		4. FEI Number 02-0614981	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MC KNIGHT, TERRY 39646 FIG ST CRYSTAL SPRINGS, FL 33524			7. Name and Address of New Registered Agent Name Jodie L. Gray 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 <u><i>Jodie L. Gray</i></u> DATE <u>4/13/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			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 NAME STREET ADDRESS CITY - ST - ZIP	PD BISTON, CLYDE A P.O. BOX 1299 CRYSTAL SPRINGS, FL 33524	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST RYMAN, KEVIN 5240 EPPING LN ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <u><i>Clyde A. Biston</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/13/05</u> Daytime Phone # <u>813 783-1688</u>		