2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000032276

ACME DEVELOPMENT CORPORATION

FILED May 01, 2008 08:00 AN Secretary of State

Principal Place of Business

P 0 BOX 1003

GRAY, JODIE

39646 FIG ST

SIGNATURE.

10.

CRYSTAL SPRINGS, FL 33524

Mailing Address

P 0 BOX 1003

CRYSTAL SPRINGS, FL 33524



	7 (00)		
-	04282008	No Chg-P	CR2E034 (11/05)
O NOT WRITE IN THIS SPACE			

5. Certificate of Status Desired

02-0614981

Not Applicable \$8.75 Additional

Fee Required

DO NOT WRITE CRYSTAL SPRINGS, FL 33524 IN THIS SPACE

					
-	. The above named entity submits this statement for the p	the second contract of	and the second second second		1 1 10 10 4 4
0.	. The above named entity submits this statement for the c	luroose of changing its register:	ed office of registered agent.	or both, in the State of Horida.	Lam familiar with and accept.
			an amon or radiotoring affairt	at part the artist of their	taninan mini and accept
	the obligations of registered agent.				
	trie condations of redistered aderr.	•			

Signature, typed or printed name of registered agent and title if engineetie

OFFICERS AND DIRECTORS

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U000000940712 /28/08-80077-1

TITLE NAME BISTON, CLYDE A STREET ADDRESS P O BOX 1003 CITY-ST-ZIP CRYSTAL SPRINGS, FL 33524 IIILE DVST RYMAN, KEVIN NAME STREET ADDRESS 38413 SR 54 CITY-ST-ZIP ZEPHYRHILLS, FL 33541 INTE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

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:

CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Clyde a Broton

BIGHATURE AND TYPED OR PRINTED HARE OF BIGHING OFFICER OR DERECTOR

RB)714-5257