## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 02, 2005 08:00 AM Secretary of State DOCUMENT # P02000065152 1. Entity Name ACP WORLDWIDE, INC. Principal Place of Business Mailing Address 708 EAST TARPON AVE. TARPON SPRINGS, FL 34689 708 EAST TARPON AVE. TARPON SPRINGS, FL 34689 01252005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0619449 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE PATEL, PANKAJ 708 E. TARPON AVE. SUITE 200 IN THIS SPACE PALM HARBOR, FL 34684 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, typed or printed name of registered agnt and title if applicable (NOTE: Registered Agont signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE PATEL, PANKAJ NAME STREET ADDRESS 708 E. TARPON AVE. CITY-ST-ZIP TARPON SPRINGS, FL 34689 ST TITLE PATEL, CHANDRALATA U00000357438 NAME 708 E. TARPON AVE. 05/04/05-80075-002 150.00 STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34684 TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 at other like empowered.

MEL

TED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED** 

Daytime Phone #