

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P02000115480**

1. Entity Name  
**MUMINOS ACR, INC.**



**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**27001 US HWY 19 N #1060  
CLEARWATER, FL 33761**

Mailing Address  
**27001 US HWY 19 N #1060  
CLEARWATER, FL 33761**



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**14-1854413**

Applied For	
Not Applicable	

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

**6. Name and Address of Current Registered Agent**

**RUSSO, CARMELO —  
1144 KINGSWAY LN  
TARPON SPRINGS, FL 34688**

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 *C. Russo, PRESIDENT*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	RUSSO, CARMELO
STREET ADDRESS	1144 KINGSWAY LN
CITY-ST-ZIP	TARPON SPRINGS, FL 34688

TITLE	D
NAME	RUSSO, CAROL A
STREET ADDRESS	1144 KINGSWAY LN
CITY-ST-ZIP	TARPON SPRINGS, FL 34688

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000339778  
04/28/05-80088-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *C. Russo* **CARMELO RUSSO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/25/05*

Date

*727-560-8148*

Daytime Phone #