

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000115480

1. Entity Name
MUMINOS ACR, INC.



FILED
May 26, 2006 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**



05242006 No Chg-P CR2E034 (11/05)

4. FEI Number
14-1854413

Applied For
Not Applicable

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

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000566163
05/26/06-80001-010 150.00

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/20

Date

727 796 1224

Daytime Phone #