


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P02551 1. Entity Name ACME SERVICE CENTERS, INC.	
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Principal Place of Business 3020 S.E. 38TH AVENUE OKEECHOBEE, FL 34974	Mailing Address 3020 S.E. 38TH AVENUE OKEECHOBEE, FL 34974
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DO NOT WRITE IN THIS SPACE



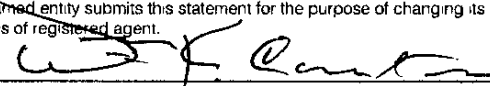
03192007 No Chg-P CR2E034 (11/05)

4. FEI Number 61-0667042	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CANTER, WILLIAM K. 3020 S.E. 38TH AVENUE OKEECHOBEE, FL 34974

DO NOT WRITE IN THIS SPACE

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:  4-23-07 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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP CANTER, WILLIAM K. 3020 SE 38TH AVENUE OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CANTER, WILLIAM K. 3030 SE 38TH AVENUE OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CANTER, DONNA SUE 3020 SE 38TH AVENUE OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-23-07 863-763-6576 Date Daytime Phone #
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