2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000086731

1. Entity Name
ACME AUTO, INC.

Principal Place of Business	Mailing Address
11825 COLLIER BLVD NAPLES, FL 34120	11825 COLLIER BLVD NAPLES, FL 34120

40017232

02202006   Chg-P   CR2E034 (11/05)

2. Principal Place of Business	**3.** Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**4.** FEI Number 36-4536578	Applied For Not Applicable
City & State	City & State	**5.** Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
BENEDETTO, JOE 11825 COLLIER BLVD NAPLES, FL 34120	Name _Joseph Benedetto_ Street Address (P.O. Box Number is Not Acceptable) _256 14 Ave NW_ City _Naples FL_ FL Zip Code _34120_

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 _Benedetto_   _2-20 06_

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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME BENEDETTO, JOE STREET ADDRESS 11825 COLLIER BLVD CITY-ST-ZIP NAPLES, FL 34120	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _Joseph Benedetto_   _2-20-06_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #