

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90006 003 \*\*\*150.00

DOCUMENT # P03000086731  
 1. Entity Name  
 ACME AUTO, INC.



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

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 256 14 AVE NW      256 14 AVE NW  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Naples      Naples FL  
 Zip      Country      Zip      Country  
 34120      Collier      34120      Collier



02172007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
 36-4536578      Not Applicable

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

6. Name and Address of Current Registered Agent  
 BENEDETTO, JOE  
 356 14 AVE NW  
 NAPLES, FL 34120

7. Name and Address of New Registered Agent  
 Name: Joseph Benedetto  
 Street Address (P.O. Box Number is Not Acceptable): 256 14 AVE NW  
 City: Naples      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: Joseph Benedetto      DATE: 2-17-07  
Signature, blood or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00. After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	D BENEDETTO, JOE 11825 COLLIER BLVD NAPLES, FL 34120 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph Benedetto 256 14 AVE NW Naples FL 34120 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Joseph Benedetto      Date: 2-17-07      Daytime Phone #: 239 825 9258  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR