

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000101744

Entity Name: ACA ASSOCIATES, INC.

FILED
Jan 21, 2005
Secretary of State

Current Principal Place of Business:

2430 13TH STREET
SAINT CLOUD, FL 34769 US

New Principal Place of Business:

4227 13TH STREET
SAINT CLOUD, FL 34769 US

Current Mailing Address:

2430 13TH STREET
SAINT CLOUD, FL 34769 US

New Mailing Address:

4227 13TH STREET
SAINT CLOUD, FL 34769 US

FEI Number: 20-0231676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHENSON, KEMBERLI M
3501 W. VINE STREET
SUITE 317
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

MARTINEZ, FRANK
501 W. NEW NOLTE RD
SAINT CLOUD, FL 34769 US

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.

SIGNATURE: FRANK MARTINEZ

01/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CALAS-SANTIAGO, PRISCILLA
Address: 1840 LILLIAN DRIVE
City-St-Zip: SAINT CLOUD, FL 34771

Title: VP () Delete
Name: ALVAREZ, MARIA C
Address: 3230 CORD AVE
City-St-Zip: ST. CLOUD, FL 34772

Title: DIR () Delete
Name: ALICEA, CARMEN I
Address: 148 FIESTA DRIVE
City-St-Zip: KISSIMMEE, FL 34743

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CALAS-SANTIAGO, PRISCILLA
Address: 1335 BEECHWOOD DRIVE
City-St-Zip: SAINT CLOUD, FL 34772

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PRISCILLA CALAS-SANTIAGO

PRES

01/21/2005

Electronic Signature of Signing Officer or Director

Date