

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000125022

Entity Name: ACI TRUST, INC.

FILED
Feb 08, 2005
Secretary of State

Current Principal Place of Business:

3898 TAMIAMI TRAIL NORTH
103
NAPLES, FL 34103 US

Current Mailing Address:

3898 TAMIAMI TRAIL NORTH
103
NAPLES, FL 34103 US

New Principal Place of Business:

3301 BONITA BEACH ROAD
201
BONITA SPRINGS, FL 34134 US

New Mailing Address:

3301 BONITA BEACH ROAD
201
BONITA SPRINGS, FL 34134 US

FEI Number: 35-2236858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COXE, ALFRED J
532 BROAD AVE SOUTH
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

FALCONE, EDUARDO J
23428 HAT PIN COURT
BONITA SPRINGS, FL 34134 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: EDUARDO J. FALCONE

02/08/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PETROVIC, JOVICA
Address: 9309 LENNEX LANE
City-St-Zip: FT. MYERS, FL 33919 US

Title: VP () Delete
Name: FALCONE, EDUARDO J
Address: 23428 HAT PIN COURT
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: VP (X) Delete
Name: HANDA, BEN
Address: 274 CONNERS AVE
City-St-Zip: NAPLES, FL 34134 US

Title: SEC (X) Delete
Name: COXE, ALFRED J
Address: 532 BROAD AVE SOUTH
City-St-Zip: NAPLES, FL 34102 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SEC (X) Change () Addition
Name: FALCONE, EDUARDO J
Address: 23428 HAT PIN COURT
City-St-Zip: BONITA SPRINGS, FL 34134 US

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: EDUARDO J. FALCONE

SEC

02/08/2005

Electronic Signature of Signing Officer or Director

Date