# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 11, 2007**
**Secretary of State**

DOCUMENT# P04000161172

**Entity Name:** AC DESIGNS OF MID FLORIDA, INC.

**Current Principal Place of Business:**

11730 PHILLIPS WAY
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

11243 ST JOHNS IND PKWY S
JACKSONVILLE, FL 32246

**Current Mailing Address:**

3545-1 ST JOHNS BLUFF RD SOUTH
#301
JACKSONVILLE, FL 32224

**New Mailing Address:**

11243 ST JOHNS IND PKWY S
SUITE 3
JACKSONVILLE, FL 32246

**FEI Number: 20-2138020** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLANCE, WAYNE D
5610 GREATPINE LA. N.
JACKSONVILLE, FL 32244 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: CLANCE, WAYNE D
Address: 5610 GREATPINE LA., N
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP (X) Delete
Name: HANNA, ERIN K
Address: 3545-1 ST JOHNS BLUFF RD S., #301
City-St-Zip: JACKSONVILLE, FL 32224

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P.D. (X) Change ( ) Addition
Name: CRABTREE, CHARLES S
Address: 11243 ST JOHNS IND PKWY S SUITE 3
City-St-Zip: JACKSONVILLE, FL 32246

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 Chapter 119, 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: CHARLES S CRABTREE P.D. 04/11/2007

Electronic Signature of Signing Officer or Director — Date