

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90401 046 ***150.00

DOCUMENT # POS000002827

1. Entity Name

Acorp, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

255 East St.

3. Mailing Address

PO Box 5708

Suite, Apt. #, etc.

Suite F

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Titusville, FL

4. FE Number

38-3713785

Applied For

Not Applicable

32904

Country

USA

32783

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name Diane G. Moore

Street Address 6745 Cedar St.

Cocoa

FL

32927

**DO NOT WRITE
IN THIS SPACE**

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

Diane G. Moore

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/16/06

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>Diane G. Moore</u> <u>PO Box 5708</u> <u>Titusville, FL 32783</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>V.P.</u> <u>James Moore Jr.</u> <u>PO Box 5708</u> <u>Titusville, FL 32783</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Tres.</u> <u>Diane G. Moore</u> <u>PO Box 5708</u> <u>Titusville, FL 32783</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Sec.</u> <u>James A. Moore Jr.</u> <u>PO Box 5708</u> <u>Titusville, FL 32783</u>
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE Diane G. Moore Pres. Diane G. Moore 4/16/06 (321) 223-7917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #