2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000135427

Entity Name: ACOLISTICAL SYSTEMS OF LEESBURG, INC.

FILED Aug 14, 2006 Secretary of State

Littly Name. ACCOSTICAL STSTEWS OF ELESBORG, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
6708 TUSCAWILLA DRIVE LEESBURG, FL 34748 US						
Current Mailing Address:				New Mailing Address:		
6708 TUSCAWILLA DRIVE LEESBURG, FL 34748 US						
FEI Number:		FEI Number Applied For ()	FEI Numb	Number Not Applicable (X)		Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
	AWILLA DRIVE	E US	9	JOHNSON, 907 WEBS LEESBURG	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: CHARLES D. JOHNSON						08/14/2006
Electronic Signature of Registered Agent						Date
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () D JONES, RAY 6708 TUSCAWILI LEESBURG, FL		N A	Fitle: Name: Address: Dity-St-Zip:	PSTD (X) JONES, RAY 6708 TUSCAWII LEESBURG, FL	
Title: Name: Address: City-St-Zip:	S (X) D JONES, RAY 6708 TUSCAWILI LEESBURG, FL		N A	Title: Name: Address: Dity-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	T (X) D JONES, RAY 6708 TUSCAWILI LEESBURG, FL		N A	Fitle: Name: Address: Dity-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	VP () D JONES, LA DONN 6708 TUSCAWILI LEESBURG, FL	LA DRIVE	N A	Title: Name: Address: Dity-St-Zip:	()	Change ()Addition
Title: Name: Address: City-St-Zip:	VP () D JONES, BRETT 6708 TUSCAWILI LEESBURG, FL		N A	Fitle: Name: Address: Dity-St-Zip:	()	Change ()Addition

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: RAY JONES P 08/14/2006