

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000013452**

1. Entity Name  
**ACOLONMED INC**



Principal Place of Business  
**2839 NW 5TH STREET  
CAPE CORAL, FL 33993**

Mailing Address  
**2839 NW 5TH STREET  
CAPE CORAL, FL 33993**



04012008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**57-1228634**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**COLON, ANGEL D JR  
2839 NW 5TH STREET  
CAPE CORAL, FL 33993**

**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 Angel D Colon Jr

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/08

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000328043  
05/21/08-80015-012 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
COLON, ANGEL D JR  
2839 NW 5TH ST  
CAPE CORAL, FL 33993**

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

12. I certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 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 Block 11 if attachment with an address with all other like empowered.

**IGN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angel D Colon, Jr

Date

Daytime Phone #

4/23/08