

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2007 8:00 am
Secretary of State

09-12-2007 90001 049 ***150.00

DOCUMENT # P06000072460

1. Entity Name
A.C.T. ADVANCED COMMUNICATION TECHNOLOGIES,
INC.



Principal Place of Business
2725 GRAND CAYMAN ST.
SARASOTA, FL 34231

Mailing Address
2725 GRAND CAYMAN ST.
SARASOTA, FL 34231

2. Principal Place of Business - No P.O. Box #

2725 GRAND CAYMAN ST.
Suite, Apt. #, etc.

3. Mailing Address

2725 GRAND CAYMAN ST.
Suite, Apt. #, etc.



09012007

Chg-P

CR2E034 (12/06)

City & State

SARASOTA, FL 34231

City & State

SARASOTA FL

4. FEI Number

22-33-33-465

Applied For

Not Applicable

Zip

34231

Country

SARASOTA

Zip

34231

Country

SARASOTA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name **DAVID SWEARINGEN**

Street Address (P.O. Box Number is Not Applicable)
220 EAST 6TH ST.

City **JACKSONVILLE**

FL

Zip Code

32206

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

David Swearingen

David Swearingen

9/9/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **SWEARINGEN, GARY**
STREET ADDRESS **2725 GRAND CAYMAN ST.**
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE **DVST** ☐ Delete
NAME **SWEARINGEN, JANET**
STREET ADDRESS **2725 GRAND CAYMAN ST.**
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *GARY SWEARINGEN* **GARY SWEARINGEN** **9/9/07** **904 403 6602**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #