

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2007 08:00 AM
Secretary of State

DOCUMENT # P32206

1. Entity Name
AMERICAN CAPITOL MANAGEMENT COMPANY



Principal Place of Business
**1031 WEST MORESE BLVD.
SUITE 350
WINTER PARK, FL 32789**

Mailing Address
**1031 WEST MORESE BLVD.
SUITE 350
WINTER PARK, FL 32789**



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1708157

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SWANN & HADLEY, P.A.
1031 W MORSE BLVD
SUITE 350
WINTER PARK, FL 32789**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-15-07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000641759
03/01/07-80014-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD MCAULIFFE, TERENCE R 7527 OLD DOMINION MCLEAN, VA 22102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST MCAULIFFE, DOROTHY S 7527 OLD DOMINION MCLEAN, VA 22102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWANN, CHRISTIAN M 1301 W. MORSE BLVD., SUITE 350 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-07

402-643-8977