


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2004 8:00 am**  
**Secretary of State**

05-27-2004 90015 034 \*\*\*150.00

DOCUMENT # P94000080088	
1. Entity Name ACFF MANAGEMENT SYSTEMS, INC.	

Principal Place of Business 6962 VERBO WAY NAPLES, FL 34108	Mailing Address P.O. BOX 27 HENDERSON, KY 42420
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**DO NOT WRITE IN THIS SPACE**

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0539390	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  ANDERSON, JACK B 6962 VERDE WAY NAPLES, FL 34108
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, JACK B 6962 VERDE WAY NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CULVER, GLENN A 2214 U.S. 41 N HENDERSON, KY 42420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RAY, FRANCIS C P. O. BOX 27 HENDERSON, KY 42420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRITSCHLE, RICKE A 7409 E OLIVE ST EVANSVILLE, IN 47715
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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	1.8.04	2108274636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #