

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000080088

FILED  
May 04, 2006  
Secretary of State

Entity Name: ACFF MANAGEMENT SYSTEMS, INC.

## Current Principal Place of Business:

6962 VERDE WAY  
NAPLES, FL 34108

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 27  
HENDERSON, KY 42420

## New Mailing Address:

P.O. BOX 27  
2214 US 41 N.  
HENDERSON, KY 42419 00

FEI Number: 65-0539390

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDERSON, JACK B  
6962 VERDE WAY  
NAPLES, FL 34108 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

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:

Title: P ( ) Delete  
Name: ANDERSON, JACK B  
Address: 6962 VERDE WAY  
City-St-Zip: NAPLES, FL 34108

Title: VP ( ) Delete  
Name: CULVER, GLENN A  
Address: 1026 DOLPHIN DR  
City-St-Zip: CAPE CORAL, FL 33904

Title: ST ( ) Delete  
Name: RAY, FRANCIS C  
Address: P. O. BOX 27  
City-St-Zip: HENDERSON, KY 42420

Title: VP ( ) Delete  
Name: FRITSCHLE, RICKE A  
Address: 7409 E OLIVE ST  
City-St-Zip: EVANSVILLE, IN 47715

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 FRANCIS

SECR

05/04/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date