
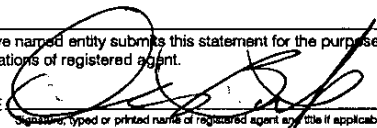
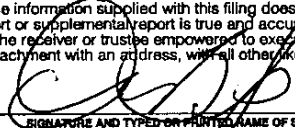


FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90076 010 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000009329			
1. Entity Name ACER LEGAL RESOURCES, INC.			
Principal Place of Business 3567 GATLIN PLACE CIRCLE ORLANDO, FL 32812		Mailing Address 3567 GATLIN PLACE CIRCLE ORLANDO, FL 32812	
2. Principal Place of Business 417 E. Livingston St		3. Mailing Address 417 E. Livingston St	
Suite, Apt. #, etc. #2		Suite, Apt. #, etc. #2	
City & State Orlando FL		City & State Orlando FL	
Zip 32803		Zip 32803	
Country		Country	
4. FEI Number 59-3303464		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BISHOP, DANNA L. 3567 GATLIN PLACE CIR. ORLANDO, FL 32812		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) 417 E. Livingston St #2 City Orlando FL Zip Code 32803	
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  DANNA L. BISHOP Pres. 3/31/05 (NOTE: Registered Agent signature required when re-instating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BISHOP, DANNA L. 3567 GATLIN PLACE CIRCLE ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BISHOP, VINCENT L 6 PINWOOD RD. BLOOMFIELD, CT 06002 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DANNA L. BISHOP Pres. 3/31/05 407-273-5111		Date Daytime Phone #	