


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90104 014 \*\*\*150.00

**DOCUMENT # P95000013398**  
 1. Entity Name  
**ACR SALES AND SERVICE, INC.**



Principal Place of Business <b>3509 ALL AMERICAN ORLANDO, FL 32810 US</b>	Mailing Address <b>3509 ALL AMERICAN ORLANDO, FL 32810 US</b>
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**60038006**



04272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3303678</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**8. Name and Address of Current Registered Agent**

**TORRES, MIGUEL  
 3509 ALL AMERICAN BLVD  
 ORLANDO, FL 32810**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TORRES, MIGUEL 3509 ALL AMERICAN BLVD ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JEANETTE TORRES 3509 ALL AMERICAN BLVD ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TERRY WHITEMORE 3509 ALL AMERICAN BLVD ORLANDO, FL 32810
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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:**  **5/2/06** **407-299-9770**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #