2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000013398

ACR SALES AND SERVICE, INC.



FILED Jan 18, 2007 08:00 AM Secretary of State

Principal Place of Business

3509 ALL AMERICAN

ORLANDO, FL 32810

Mailing Address

3509 ALL AMERICAN

ORLANDO, FL 32810 US



01112007 No Chg-P CR2E034 (11/05)

| DC |) | N | O. | T | V | /F | { | Έ | IN | ן ו | - | 11 | S | S | P | Ά | C | E |
|----|---|---|----|---|---|-----------|----------|---|----|-----|---|----|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | |

| 4. | FEI Number | |
|----|------------|-----------|
| • | 59-3303678 | |
| | | · · · · · |

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. 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 1 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 | | | | | | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees | | | | | | | |
| 10. | OFFICERS AND DIREC | CTORS | T | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | P TORRES, MIGUEL 3509 ALL AMERICAN BLVD ORLANDO, FL 32810 | | | | 1/222225 | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | VP TORRES, JEANETTE 3509 ALL AMERICAN BLVD ORLANDO, FL 32810 | | | | U00000590693 01/18/07-80065-022 150.00 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WHITEMORE, TERRY 3809 ALL AMERICAN BLVD ORLANDO, FL 32810 | | | DO NOT WRITE | | | | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | | IN ⁻ | THIS SPACE | | | | |
| TITLE NAME | | | | | • | | | | |

12. Thereby certify that the information supplied with this fuling 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,

SIGNATURE: _

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP