

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90140 011 ***150.00

DOCUMENT # P95000095857

1. Entity Name
ACCIM-2 CORPORATION



Principal Place of Business
101 NORTH WOODLAND BLVD.
DELAND, FL 32720

Mailing Address
101 NORTH WOODLAND BLVD.
DELAND, FL 32720

2. Principal Place of Business

101 N. Woodland Blvd
Suite, Apt. #, etc.
100

3. Mailing Address

101 N. Woodland Blvd
Suite, Apt. #, etc.
100

City & State

Deland, FL
Zip 32720 Country USA

City & State

Deland, FL
Zip 32720 Country USA

01202005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3351973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAUMGARTNER, ROGER B
101 N WOODLAND BLVD
STE 600
DELAND, FL 32720

7. Name and Address of New Registered Agent

Name Baumgartner, Roger B
Street Address (P.O. Box Number is Not Acceptable)
101 N. Woodland Blvd
100
City Deland FL Zip Code 32720

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME BAUMGARTNER, ROGER B
STREET ADDRESS 2300 PINE OAK DR
CITY-ST-ZIP DELAND, FL 32720 ☐ Delete

TITLE VP
NAME BAUMGARTNER, TROY
STREET ADDRESS 110 COUNTRY CLUB RD
CITY-ST-ZIP DELAND, FL 32724 ☐ Delete

TITLE V
NAME BAUMGARTNER, TRACEY
STREET ADDRESS 508 WILD CHERRY RD
CITY-ST-ZIP DELAND, FL 32724 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Roger B Baumgartner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #