

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90005 032 ***150.00

DOCUMENT # P95000095857

1. Entity Name
ACCIM-2 CORPORATION



Principal Place of Business
**101 NORTH WOODLAND BLVD.
100
DELAND, FL 32720**

Mailing Address
**101 NORTH WOODLAND BLVD.
100
DELAND, FL 32720**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03062006

Chg-P

CR2E034 (11/05)

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

7. Name and Address of New Registered Agent

**BAUMGARTNER, ROGER B
101 N WOODLAND BLVD
STE 100
DELAND, FL 32720**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

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CITY - ST - ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/06 *386.734.1665*



ATTACHMENT

40037043

#95000095857

Robert L. Cohen, CPA (1934 - 1996)
George S. Smith III, CPA
Michael W. Brooks, CPA

**FILING INSTRUCTIONS
FOR 2006 PROFIT CORPORATION
ANNUAL REPORT**

CLIENT ACCIM-2 Corporation DATE March 6, 2006

ITEMS MARKED "X" REQUIRE YOUR ATTENTION.

☒ DATE DUE May 1, 2006

☒ FEE DUE \$150.00 Attach a check payable to the "Florida Department of State".
Indicate your employer identification number on the check.

☒ SIGNATURE The return should be signed and dated by an officer or director as indicated on the
front page (Box #12).

☒ MAIL TO DIVISION OF CORPORATIONS
Post Office Box 6198
Tallahassee, Florida 32314
(We have provided a pre-addressed envelope for your convenience.)

☒ COPY Retain the "Client Copy" for your files.

☐ SPECIAL