2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000033029

1. Entity Name
ACR ELITE GROUP, INC.

Principal Place of Business	Mailing Address
4030 HENDERSON BLVD TAMPA, FL 33629	6909 BEACH BLVD. HUDSON, FL 34667

01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3383471
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STROHAUER, GARY N ESQ.
1150 CLEVELAND ST STE 300
CLEARWATER, FL

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	PAXTON, PAULA
STREET ADDRESS	6909 BEACH BLVD.
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	ST
NAME	SMITH, JENNIFER M
STREET ADDRESS	6909 BEACH BLVD
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	D
NAME	SWEETIN, JAMES
STREET ADDRESS	4030 HENDERSON BLVD.
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	P
NAME	PAXTON, JAMES N
STREET ADDRESS	6909 BEACH BLVD.
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	D
NAME	SWEETIN, MARY
STREET ADDRESS	2501 W. BAY DRIVE
CITY-ST-ZIP	LARGO, FL 33770
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/06-80083-007 150.00

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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: _____ 1-6-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #