

2005 FOR PROFIT CORPORATION REINSTATEMENT

05 MAY 24 AM 9:38
FILED
TALLAHASSEE, FLORIDA

DOCUMENT #P96000041122

1. Entity Name
ACME AWNINGS, INC.



Principal Place of Business
**1532 US 41 BYPASS
PMD 268
VENICE, FL 34293 US**

Mailing Address
**1532 US 41 BYPASS
PMD 268
VENICE, FL 34293 US**

REINSTATEMENT

2. Principal Place of Business
245 Center Court

3. Mailing Address
245 Center Court

Suite, Apt. #, etc.

City & State
Venice, FL

City & State
Venice, FL

Zip
34285 Country
USA

Zip
34285 Country
USA



05192005 REIN-P CR2E098 (6/04)

4. FEI Number
65-0714159

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PENNINGTON, JUDY L
1532 US 41 BYPASS
UNIT 268
VENICE, FL 34293**

7. Name and Address of New Registered Agent

Name
Pennington, Judy L.

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

City
Venice FL Zip Code
34285

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 *Judy L. Pennington* DATE **5/20/05**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PENNINGTON, WILLIAM MICHAEL 12604 DAFFODIL MASSASSAS, VA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENNINGTON, JUDY L 1532 US 41 BYPASS UNIT 268 VENICE, FL 34293 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director Pennington, Judy L. 245 Center Court Venice, FL 34285 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DE LA TORRE, PATRICIA A 400 S GLENWOOD CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500055146465 05/23/05--01063--007 <input type="checkbox"/> Change <input type="checkbox"/> Addition **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Judy L. Pennington* DATE **5/20/05** (941) 496-8873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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