

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90075 022 ***150.00

DOCUMENT# F97000000637

1. Entity Name
AC MANAGEMENT, INC.



Principal Place of Business
**105 EAST ROBINSON STREET
SUITE 201
ORLANDO, FL 32801**

Mailing Address
**1100 S ORLANDO AVE-
APT 703
MAITLAND, FL 32751**

40014529



2. Principal Place of Business
108 EAST HILLCREST ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112005 Chg-P CR2E034 (10/03)

City & State
ORLANDO FL

City & State

4. FEI Number
59-3432309

Applied For
Not Applicable

Zip
32801

Country

Zip

Country

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

**ALLEN, THOMAS R
14 E WASHINGTON ST SUITE 600
BOX 9620
ORLANDO, FL 32801**

Name

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

108 EAST HILLCREST STREET

City
ORLANDO

FL

Zip Code
32801

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, 2005 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
**PSTD
CLELAND, ARDELL H
1100 S. ORLANDO AVE., APT. 703
MAITLAND, FL 32751**

☐ Delete

TITLE
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STREET ADDRESS
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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: Arde H. Cleland ARDELL H. CLELAND, PRES 1/30/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407-628-0252