

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000000637	
1. Entity Name AC MANAGEMENT, INC.	

Principal Place of Business 108 EAST HILLCREST ST ORLANDO, FL 32801	Mailing Address 1100 S ORLANDO AVE APT 703 MAITLAND, FL 32751
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DO NOT WRITE IN THIS SPACE



02072006 No Chg-P CRZE034 (11/05)

4. FEI Number 59-3432309	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALLEN, THOMAS R
108 EAST HILLCREST STREET
ORLANDO, FL 32801**

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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 _____ (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 \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CLELAND, ARDELL H 1100 S. ORLANDO AVE., APT. 703 MAITLAND, FL 32751
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03/01/06-20006-011 150.00

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 empowerments.

SIGNATURE: *Ardele H. Cleland* **ARDELL H. CLELAND, PRES.** 2/6/06 4076280232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #