


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2005 8:00 am**  
**Secretary of State**

03-09-2005 90037 008 \*\*\*150.00

**DOCUMENT # P97000098958**  
1. Entity Name  
**ACTS II AND ASSOCIATES, INC.**



Principal Place of Business  
**10921 OAK LAND RD.  
#104  
BONITA SPRINGS, FL 34135**

Mailing Address  
**C/O RICHARD L. SWOPE, CPA  
P.O. BOX 111419  
NAPLES, FL 34108-0124**

**50023994**



2. Principal Place of Business  
**10921 OAK ISLAND RD.  
Suite, Apt. #, etc.  
104**

3. Mailing Address  
  
Suite, Apt. #, etc.

02082005 Chg-P CR2E034 (10/03)

City & State  
**BONITA SPRINGS, FL 34135**

City & State

Zip Country Zip Country

4. FEI Number  
**59-3494863**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BLACK, MARGARET P  
10921 OAK LAND ROAD, #104  
BONITA SPRINGS, FL 34135**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**10921 Oak Island Road, #104**  
City  
**Bonita Springs** FL Zip Code  
**34135**

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, 2005 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 <input type="checkbox"/> Delete
NAME	BLACK, MARGARET P
STREET ADDRESS	10921 OAK LAND ROAD, #104
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	10921 OAK ISLAND ROAD, #104
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Margaret P. Black 3/4/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #