


FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90395 006 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

| | | | |
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| DOCUMENT # P97000098958 | |  | |
| 1. Entity Name ACTS II AND ASSOCIATES, INC. | | | |
| Principal Place of Business 10921 OAK ISLAND RD. #104 BONITA SPRINGS, FL 34135 | | Mailing Address C/O RICHARD L. SWOPE, CPA P.O. BOX 111419 NAPLES, FL 34108-0124 | |
| 2. Principal Place of Business 344 LEGACY DRIVE | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State GREENWOOD, INDIANA | | City & State | |
| Zip 46143 | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent BLACK, MARGARET P 10921 OAK ISLAND ROAD, #104 BONITA SPRINGS, FL 34135 | | 7. Name and Address of New Registered Agent Name RICHARD L. SWOPE, CPA Street Address (P.O. Box Number is Not Acceptable) 8955 FONTANA DEL SOL WAY P. O. BOX 111419 City NAPLES FL 34108 | |
| 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: <u><i>Richard L. Swope</i></u> DATE: <u>3/25/06</u> <small>Signature, typed or printed name of registered agent and the filer is acceptable. (NOTE: Registered Agent signature required when registering)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | D BLACK, MARGARET P 10921 OAK ISLAND ROAD #104 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BLACK, MARGARET P. 344 LEGACY DRIVE GREENWOOD, INDIANA 46143 <input checked="" 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 |
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| 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 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: <u><i>Margaret P. Black</i></u> | | Date: <u>3-1-06</u> Daytime Phone #: <u>317-889-8571</u> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |

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02032006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3494863 Applied For Not Applicable

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