

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000015073					
1. Entity Name ACI FACILITY MAINTENANCE, INC.					
Principal Place of Business 3830 GUNN HIGHWAY TAMPA FL 33618 US			Mailing Address 3830 GUNN HIGHWAY TAMPA FL 33618 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3514427	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORELLI, PATRICK 16005 PRESTON TRAIL WAY TAMPA FL 33556				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$650.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Trust Fund Contribution. <input type="checkbox"/> Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	<input type="checkbox"/> Delete	TITLE MORELLI, PATRICK	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME MORELLI, PATRICK		NAME MORELLI, PATRICK			
STREET ADDRESS 16005 PRESTON TRAIL WAY		STREET ADDRESS 16005 PRESTON TRAIL WAY			
CITY- ST- ZIP TAMPA FL 33556		CITY- ST- ZIP TAMPA FL 33556			
TITLE VPO	<input type="checkbox"/> Delete	TITLE ANGEL, DAVID	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME ANGEL, DAVID		NAME ANGEL, DAVID			
STREET ADDRESS 1710 78TH AVE N		STREET ADDRESS 1710 78TH AVE N			
CITY- ST- ZIP SAINT PETERSBURG FL 33702		CITY- ST- ZIP SAINT PETERSBURG FL 33702			
TITLE _____	<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME _____		NAME _____			
STREET ADDRESS _____		STREET ADDRESS _____			
CITY- ST- ZIP _____		CITY- ST- ZIP _____			
TITLE _____	<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME _____		NAME _____			
STREET ADDRESS _____		STREET ADDRESS _____			
CITY- ST- ZIP _____		CITY- ST- ZIP _____			
TITLE _____	<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME _____		NAME _____			
STREET ADDRESS _____		STREET ADDRESS _____			
CITY- ST- ZIP _____		CITY- ST- ZIP _____			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 807, Florida Statutes; and that my name appears in Block 10 or 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06

Date

Overseer Phone #