

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000077405

FILED
Apr 19, 2005
Secretary of State

Entity Name: AC & LP CORP.

Current Principal Place of Business:

2057 TAFT ST.
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

2057 TAFT ST.
HOLLYWOOD, FL 33020 US

New Mailing Address:

FEI Number: 65-0864081 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOGGS, LESTER C
2057 TAFT ST.
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOGGS, LESTER C
Address: 4190 S.W. 75TH CIRCLE EAST
City-St-Zip: DAVIE, FL 33314

Title: D () Delete
Name: HUTCHISON, LORA J
Address: 705 EAST GREEN LANE
City-St-Zip: WOODSTOCK, GA 30189

Title: D () Delete
Name: THORNTON, DEBORAH K
Address: 4151 S.W. 75TH CIRCLE
City-St-Zip: DAVIE, FL 33314

Title: D () Delete
Name: BOGGS, HAMILTON D
Address: 2301 LEE STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: PAYNE, NANCY A
Address: P.S.C. 41 BOX 45
City-St-Zip: APO, AE 09464

Title: D () Delete
Name: WILLIAMS, KIMBERLY S
Address: ROUTE 5B BOX 669
City-St-Zip: HENDERSONVILLE, NC 28792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BOGGS, HAMILTON D
Address: 17 CORTEZ WAY
City-St-Zip: DAVIE, FL 33324

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WILLIAMS, KIMBERLY S
Address: 2063 FRUITLAND RD.
City-St-Zip: HENDERSONVILLE, NC 28792

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESTER C. BOGGS

D

04/19/2005

Electronic Signature of Signing Officer or Director

_____ Date