

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90174 025 ***150.00

DOCUMENT # P99000004319

1. Entity Name
ACSONS CORP.



Principal Place of Business
**980 NORTH FEDERAL HIGHWAY #400
BOCA RATON, FL 33432**

Mailing Address
**980 NORTH FEDERAL HIGHWAY #400
BOCA RATON, FL 33432**



02282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2506676

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COMPARATO, ANTHONY
980 NORTH FEDERAL HIGHWAY #400
BOCA RATON, FL 33432**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	COMPARATO, ANTHONY
STREET ADDRESS	980 NORTH FEDERAL HIGHWAY #400
CITY - ST - ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	COMPARATO, JAMES
STREET ADDRESS	980 NORTH FEDERAL HIGHWAY #400
CITY - ST - ZIP	BOCA RATON, FL 33432
TITLE	VP
NAME	COMPARATO, THOMAS
STREET ADDRESS	980 NORTH FEDERAL HIGHWAY #400
CITY - ST - ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	Comparato, Robert
STREET ADDRESS	980 North Federal Hwy, #400
CITY - ST - ZIP	Boca Raton, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-06 - 561-391-4040

Date

Office Phone #