

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-03-2006 90368 034 ***150.00

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1. Entity Name
ACME MOTORS CORPORATION



Principal Place of Business
**2695 SOUTH FEDERAL HIGHWAY
STUART, FL 34994**

Mailing Address
**2695 SOUTH FEDERAL HIGHWAY
STUART, FL 34994**

60043300



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
65-0903051

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIFKIN, AVRON C
800 SE MONTEREY COMMONS BLVD
SUITE 200
STUART, FL 34998**

Name **AVRON C RIFKIN**

Street Address (P.O. Box Number is Not Acceptable)
100 SE PELICAN DRIVE

City **STUART**

FL

Zip Code **34996-1217**

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

AVRON C. RIFKIN 3/27/2006

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **WILLETT, THOMAS P**
STREET ADDRESS **PO BOX 2070**
CITY-ST-ZIP **STUART, FL 34995**

TITLE **VP** ☐ Delete
NAME **RICHEBOURG, MARGARET**
STREET ADDRESS **PO BOX 2070**
CITY-ST-ZIP **STUART, FL 34995**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 and empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/2006

Date

Daytime Phone #

772-220-3600