2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2012
Secretary of State

DOCUMENT# P99000031948

Entity Name: A.C.M.S., INC.

Current Principal Place of Business:

453 COUNTRY RD 489
LAKE PANASOFFKEE, FL 33538

New Principal Place of Business:

Current Mailing Address:

PO BOX 949
LAKE PANASOFFKEE, FL 33538

New Mailing Address:

FEI Number: 59-3581269 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAUFLER, MONICA
1712 SW 35TH LN
OCALA, FL 34471 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

OFFICERS AND DIRECTORS:

Title: VP
Name: ADAMS, SCOTT
Address: PO BOX 1383
City-St-Zip: INVERNESS, FL 34451

Title: D
Name: STRANGE, CHARLES JR
Address: 5851 E TURKEY TRAIL
City-St-Zip: HERNANDO, FL 34442

Title: ST
Name: HAUFLER, MONICA
Address: 1712 SW 35TH LN
City-St-Zip: OCALA, FL 34471

Title: D
Name: DEAN, CHARLES S
Address: 285 NESBITT TERRACE
City-St-Zip: INVERNESS, FL 34450

Title: P
Name: DEAN, CHARLES S JR
Address: 10032 BROMPTON DR
City-St-Zip: TAMPA, FL 33626

I hereby 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 all other like empowered.

SIGNATURE: MONICA HAUFLER ST 02/13/2012

Electronic Signature of Signing Officer or Director Date