


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # V40406 1. Entity Name ACC MANAGEMENT, INC.	
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Principal Place of Business 3110 BILL DING AVE PALATKA, FL 32177 US	Mailing Address 3110 BILL DING AVE PALATKA, FL 32177 US
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02092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3125313	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COCCO, ANTHONY C. 420 N. PALM AVE. PALATKA, FL 32177

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000001227163
02/12/05-80044-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP COCCO, ANTHONY C. 420 N. PALM AVE. PALATKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BREGAN, LOUIS A., JR. 420 N. PALM AVE. PALATKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SILCOX, MERLE W. 420 N PALM AVE PALATKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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 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: Merle W. Silcox 02/09/05 386 325-8112
Merle W. Silcox Date Daytime Phone #