

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # V40406

1. Entity Name
ACC MANAGEMENT, INC.



Principal Place of Business
**3110 BILL DING AVE
PALATKA, FL 32177 US**

Mailing Address
**3110 BILL DING AVE
PALATKA, FL 32177 US**



01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3125313

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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, 2006 Fee will be \$550.00**

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

**000000418188
02/13/06-80087-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	COCCO, ANTHONY C.
STREET ADDRESS	420 N. PALM AVE.
CITY-ST-ZIP	PALATKA, FL
TITLE	DP
NAME	BREGAN, LOUIS A., JR.
STREET ADDRESS	420 N. PALM AVE.
CITY-ST-ZIP	PALATKA, FL
TITLE	ST
NAME	SILCOX, MERLE W.
STREET ADDRESS	420 N PALM AVE
CITY-ST-ZIP	PALATKA, FL
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: *Merle W. Silcox* **Merle W. Silcox, Sec/Trea 01/31/06 386 328-8881**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #