


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # V40406
1. Entity Name
ACC MANAGEMENT, INC.



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

DO NOT WRITE IN THIS SPACE



01242007 No Chg-P CR2E034 (11/05)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

U00000606312
01/30/07-80072-021 150.00

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	

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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 my address, with all other like empowered.

SIGNATURE:  **A.C. Cocco, VP** 01/24/07 386 328-8881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #