


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 362177**  
 1. Entity Name  
**A/C SERVICES OF TAMPA, INC.**



Principal Place of Business <b>4709 N HESPERIDES ST          PO BOX 15813          TAMPA, FL 33684</b>	Mailing Address <b>4709 N HESPERIDES ST          PO BOX 15813          TAMPA, FL 33684</b>
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04292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1294982</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**COATS, ROBERT S  
 10731 DALTON AVE  
 TAMPA, FL 33615**

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COATS, ROBERT 10731 DALTON AVE TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COATS, SUSAN U 10731 DALTON AV TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD COATS, GEORGE R 10731 DALTON AV TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEEMER, MICHELLE 10731 DALTON AVE TAMPA, FL 33615
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:** *R. S. Coats* **R. S. COATS** **4-29-04** **813 876-9126**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #