


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 362177 1. Entity Name A/C SERVICES OF TAMPA, INC.	
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Principal Place of Business 4709 N HESPERIDES ST PO BOX 15813 TAMPA, FL 33684	Mailing Address 4709 N HESPERIDES ST PO BOX 15813 TAMPA, FL 33684
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04262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1294982	Applied For Not Applicable
5. Certificate of Status Desired <input 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
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**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 retesting) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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**

U00000350580  
05/02/05-80109-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 4/26/05 813 876-9126  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #