


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

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



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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04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1294982 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 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) 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

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	

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 05/08/06-80014-002 150.00

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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: Susan U. Coats Susan U. Coats 4/24/06 813 876-9126
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #