


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 362177</b> 1. Entity Name A/C SERVICES OF TAMPA, INC.	
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Principal Place of Business 4709 N HESPERIDES ST TAMPA, FL 33684	Mailing Address 4709 N HESPERIDES ST PO BOX 15813 TAMPA, FL 33684
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DO NOT WRITE IN THIS SPACE

01102008	No Chg-P	CR2E034 (11/05)
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

DO NOT WRITE  
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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 \_\_\_\_\_

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, 2008 Fee will be \$550.00

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

U00000932881  
05/22/08-80073-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COATS, ROBERT
STREET ADDRESS	10731 DALTON AVE
CITY - ST - ZIP	TAMPA, FL 33615
TITLE	D
NAME	COATS, SUSAN U
STREET ADDRESS	10731 DALTON AV
CITY - ST - ZIP	TAMPA, FL 33615
TITLE	VPD
NAME	COATS, GEORGE R
STREET ADDRESS	10731 DALTON AV
CITY - ST - ZIP	TAMPA, FL 33615
TITLE	D
NAME	DEEMER, MICHELLE
STREET ADDRESS	10731 DALTON AVE
CITY - ST - ZIP	TAMPA, FL 33615
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 4/28/08 813 876-9126

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