


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90031 041 ***158.75

DOCUMENT # F00000006560

1. Entity Name
ADVISOR'S CAPITAL INVESTMENTS, INC.



Principal Place of Business
**32# SOUTH MILITARY TRAIL
 DEERFIELD BEACH FL 33442**

Mailing Address
**17 TRIPP ROAD
 WOODSTOCK CT 06281**

2. Principal Place of Business
2220 S. Ocean Blvd.

3. Mailing Address
2220 S. Ocean Blvd.

Suite, Apt. #, etc.
Suite 1002

City & State
Delray Beach FL

City & State
Delray Beach FL

Zip
33483

Country
USA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
**MANN, ROBERT K
 328 SOUTH MILITARY TRAIL
 DEERFIELD BEACH FL 33442**

4. FEI Number **06-1166053**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name **ROBERT K. MANN**

Street Address (P.O. Box Number is Not Acceptable)
2220 S. OCEAN BLVD., STE. 1002

City **DELRAY BEACH** State **FL** Zip Code **33483**

I, 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 **ROBERT K. MANN, PRESIDENT** *Robert K Mann* DATE **4/12/04**

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	MANN, ROBERT K	
STREET ADDRESS	2220 SO. OCEAN BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	S	<input type="checkbox"/> Delete
NAME	PIETROSKI, FRANK D	
STREET ADDRESS	395 CIRCUIT STREET	
CITY-ST-ZIP	NORWELL MA 02061	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Robert K Mann* DATE: **4/12/03** DAYTIME PHONE #: **800397-0722**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR