

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000124531

**Entity Name:** ACHE CORP.

**Current Principal Place of Business:**

8586 HEATHER RUN DR. NORTH  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

8586 HEATHER RUN DR. NORTH  
JACKSONVILLE, FL 32256

**FEI Number:** 20-5706502

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ACHE, ROBERT D  
8586 HEATHER RUN DR. NORTH  
JACKSONVILLE, FL 32256 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name ACHE, ROBERT D  
Address 8586 HEATHER RUN DR. NORTH  
City-State-Zip: JACKSONVILLE FL 32256

Title D  
Name ACHE, SUSAN  
Address 8586 HEATHER RUN DR. NORTH  
City-State-Zip: JACKSONVILLE FL 32256

Title S  
Name ACHE, JUSTIN A  
Address 1747 DAVIDSON ST  
City-State-Zip: JACKSONVILLE FL 32207

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JUSTIN ACHE

**SECRETARY**

**02/02/2024**

Electronic Signature of Signing Officer/Director Detail

Date