

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000017149

**Entity Name:** A/C PARTNERS OF FLORIDA, INC.

**Current Principal Place of Business:**

4053 SW RIVERS END WAY  
PALM CITY, FL 34990

**Current Mailing Address:**

4053 SW RIVERS END WAY  
PALM CITY, FL 34990 US

**FEI Number:** 46-2095097

**Certificate of Status Desired:** No

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

BOUTILIER, RENEE  
4053 SW RIVERS END WAY  
PALM CITY, FL 34990 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 P  
Name BOUTILIER, KENNETH  
Address 4053 SW RIVERS END WAY  
City-State-Zip: PALM CITY FL 34990

Title VP  
Name COHEN, MAURICE  
Address 3600 NW 84TH TERRACE  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** KENNETH BOUTILIER

P

04/15/2025

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date