

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



04242006

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-1294982

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

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, 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	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	

U00000537348
05/08/06-80014-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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 #