

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2008 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  
TAMPA, FL 33684

Mailing Address  
4709 N HESPERIDES ST  
PO BOX 15813  
TAMPA, FL 33684



01102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1294982	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000932881  
05/22/08-80073-013 150.00

**10. OFFICERS AND DIRECTORS**

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan U. Coats

4/28/08

Date

813 876-9126

Daytime Phone #