

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000758

FILED
Jan 23, 2004
Secretary of State

Entity Name: AMERICAN COMMERCE SOLUTIONS, INC.

Current Principal Place of Business:

1400 CHAMBER DRIVE
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

1400 CHAMBER DR.
BARTOW, FL 33830

New Mailing Address:

FEI Number: 05-0460102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEFNER, DANIEL L
1502 N. TAYLOR RD
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

HEFNER, DANIEL L
1502 N. TAYLOR RD
BRANDON, FL 33510 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:

01/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: PUISSEGUR, FRANK D
Address: 5410 S FLORIDA AVE STE 12
City-St-Zip: LAKELAND, FL 338076196

Title: PD () Delete
Name: HEFNER, DANIEL L
Address: 1502 N. TAYLOR RD
City-St-Zip: BRANDON, FL 33510

Title: PD (X) Delete
Name: BIRMINGHAM, NORMAN J
Address: 1400 CHAMBER DR.
City-St-Zip: BARTOW, FL

Title: CD () Delete
Name: MAXWELL, ROBERT E
Address: 1400 CHAMBER DR.
City-St-Zip: BARTOW, FL

Title: S () Delete
Name: LEWIS, CYNTHIA A
Address: 485 E STANFORD STREET
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT E. MAXWELL

CD

01/23/2004

Electronic Signature of Signing Officer or Director

Date