


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90045 016 \*\*\*150.00

<b>DOCUMENT # H32812</b>	
1. Entity Name <b>AC VENTURES, INC.</b>	

Principal Place of Business <b>3740 FENNER ROAD COCOA FL 32926</b>	Mailing Address <b>3740 FENNER ROAD COCOA FL 32926</b>
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2. Principal Place of Business <b>6600 Cox Road</b>	3. Mailing Address <b>6600 Cox Rd</b>
Suite, Apt. #, etc. <b>#1</b>	Suite, Apt. #, etc. <b>#1</b>

City & State <b>Cocoa FL</b>	City & State <b>Cocoa FL</b>
Zip <b>32926</b>	Zip <b>32926</b>
Country <b>USA</b>	Country <b>USA</b>



MOORE CR2E034 (11/03)

4. FEI Number <b>59-2794705</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>COWART, ALLEN 3740 FENNER RD COCOA FL 32926</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3900 Fenner Rd</b> City <b>Cocoa</b> FL Zip Code <b>32926</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST COWART, ALLEN 3740 FENNER RD COCOA FL 32426 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWART, ALLEN 3740 FENNER RD COCOA FL 32926 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV COWART, LINDA A 3740 FENNER RD COCOA FL 32926 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3900 Fenner Rd Cocoa FL 32926</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3900 Fenner Rd Cocoa FL 32926</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Allen Cowart **ALLEN COWART** 4-7-04 321-634-5523  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #