

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # K52853

1. Entity Name
ACP OF SARASOTA, INC.



Principal Place of Business
**225 AVANT AVENUE
SARASOTA, FL 34232**

Mailing Address
**225 AVANT AVENUE
SARASOTA, FL 34232**



01292004 000000 000000000000

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2927583

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** 00000000
0000000000

6. Name and Address of Current Registered Agent

**SIMMONS, GERALD C.
225 AVANT AVENUE
SARASOTA, FL 34232**

**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)

1000000151992

05/07/04-80003-019 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 000000
0000000000

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
SIMMONS, GERALD C.
225 AVANT AVENUE
SARASOTA, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
SIMMONS, VICK A.
225 AVANT AVENUE
SARASOTA, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
SIMMONS, JUDITH M.
225 AVANT AVENUE
SARASOTA, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
SIMMONS, RICK B.
225 AVANT AVENUE
SARASOTA, FL**

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/04