

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90301 007 \*\*\*150.00

**DOCUMENT # K56074**

1. Entity Name  
**ACHPOB, INC.**



Principal Place of Business  
**801 SIXTH STREET SOUTH  
ST. PETERSBURG, FL 33701**

Mailing Address  
**801 SIXTH STREET SOUTH  
ST. PETERSBURG, FL 33701**

**DO NOT WRITE IN THIS SPACE**



04042005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2924779**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CARNES, GARY A.  
801 SIXTH STREET SOUTH  
ST. PETERSBURG, FL 33701**

**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, 2005 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	CARNES, GARY
STREET ADDRESS	801 SIXTH STREET SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	VD
NAME	HORTON, R. WILLIAM
STREET ADDRESS	801 SIXTH STREET SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	TD
NAME	STENBERG, ARNOLD T JR
STREET ADDRESS	801 SIXTH STREET SOUTH
CITY-ST-ZIP	ST PETERSBURG, FL 33701
TITLE	V
NAME	COGDELL, JAMES
STREET ADDRESS	101 E. MATTHEW ST., STE 100
CITY-ST-ZIP	MATTHEWS, NC 28105
TITLE	S
NAME	WICKMAN, RITA
STREET ADDRESS	801 SIXTH STREET SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
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

**Arnold T. Stenberg**

**727-767-8892**

Date

Daytime Phone #