

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90465 015 \*\*\*150.00

**DOCUMENT # L03251**

1. Entity Name  
**ACUERA CORP.**



Principal Place of Business  
**% RICHARD J MIDULLA  
16313 N DALE MABRY HWY  
TAMPA, FL 33618 US**

Mailing Address  
**P. O. BOX 272000  
TAMPA, FL 33688 US**

**14017487**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**59-2961273**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIDULLA, RICHARD J  
16313 NORTH DALE MABRY HWY.  
TAMPA, FL 33618**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DRAKE, JOHN  
1190 US HWY 27 EAST  
MOORE HAVEN, FL 33471** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MULCAY, WILLIAM T  
US HWY 17 NORTH  
WAUCHULA, FL 33873** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
STRICKLAND, ROBERT  
14651 21st STREET  
DADE CITY FL 33525** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
DUREN, JAMES R  
16313 N. DALE MABRY HWY  
TAMPA, FL 33618** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
TURKE, THOMAS H  
16313 N DALE MABRY HWY  
TAMPA, FL 33618** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PHILLIPS, WILLIAM C  
225 WEST WALKER DR  
KEYSTONE HEIGHTS, FL 32656** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
WOODBURY, TIMOTHY S  
16313 N DALE MABRY HWY  
TAMPA, FL 33618** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GREEN, MAL  
1640 W. JEFFERSON  
QUINCY, FL 32351** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
GEERAERTS, JOHN W  
16313 N DALE MABRY HWY  
TAMPA, FL 33618** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MIDULLA, RICHARD  
16313 N DALE MABRY HWY  
TAMPA, FL 33618** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

*John W Geeraerts*

**JOHN W GEERAERTS**

**4/30/04**

**(813)963-0994**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #