


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L74267	
1. Entity Name A & C OF PINELLAS COUNTY, INC.	

Principal Place of Business 4775 GULF BLVD. ST. PETERSBURG BCH., FL 33706 US	Mailing Address 4775 GULF BLVD. ST. PETERSBURG BCH., FL 33706 US
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DO NOT WRITE IN THIS SPACE



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3014428	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SWIERZBINSKI, BOGUMIL 4775 GULF BLVD. ST. PETERSBURG BCH., FL 33706	
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**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000098350 03/29/04-80037-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SWIERZBINSKI, BOGUMIL 4775 GULF BLVD. ST. PETERSBURG BCH., FL 33706
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS SWIERZBINSKI, ZDISLAWA 4775 GULF BLVD. ST. PETERSBURG BCH., FL 33706
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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: BOGUMIL SWIERZBINSKI 3-26-04 1-727-367-6255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #