


2004-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000005051 1. Entity Name THE AMERICAN COUNCIL FOR ECONOMIC RESEARCH, INC.	
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Principal Place of Business 4116 U.S. HIGHWAY 231 NORTH PANAMA CITY FL 32402	Mailing Address 4116 U.S. HIGHWAY 231 NORTH PANAMA CITY FL 32402
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2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
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City & State	City & State		
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-3532722	<input type="checkbox"/> 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 HILTON, L. CHARLES JR 4116 U.S. HIGHWAY 231 NORTH PANAMA CITY FL 32402

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete HILTON, L. CHARLES JR 4116 U.S. HIGHWAY 231 NORTH PANAMA CITY FL 32402
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete HAYES, PAULA M P.O. BOX 65188 LOS ANGELES CA 90065
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete WRIGHT, TOM 601 NORTH KEENE ROAD #A CLEARWATER FL 33755
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete SCHICK, KENNETH W 6 BELLEVIEW BLVD, #604 BELLEAIR FL 33756
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000035491
CITY - ST - ZIP	02/06/04-80021-001 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 617, 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: Paula Hayes Paula Hayes 2-1-04 323/255-8778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #