

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90002 032 ***150.00

DOCUMENT # P00000015381

1. Entity Name

A.E.C.P., INC.



Principal Place of Business
716 W. FLETCHER AVE.
TAMPA FL 33612

Mailing Address
PO BOX 17704
TAMPA FL 33682-7704

44005069



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3628455

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

VIVERO, JOSE
JOSE VIVERO CENTURY BANK OF FLORIDA
716 W. FLETCHER AVE.
TAMPA FL 33612

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

Make Check Payable to Florida Department of State

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 11

TITLE PD ☐ Delete
NAME VIVERO, JOSE
STREET ADDRESS 1715 E. WESTSHORE BLVD., SUITE 950
CITY-ST-ZIP TAMPA FL 33607

TITLE PD ☒ Change ☐ Addition
NAME Vivero, Jose
STREET ADDRESS 716 W. Fletcher Avenue
CITY-ST-ZIP Tampa, FL 33612

TITLE TD ☐ Delete
NAME VALIENTE, JOSE E
STREET ADDRESS 716 W. FLETCHER AVE.
CITY-ST-ZIP TAMPA FL 33612

TITLE TD ☒ Change ☐ Addition
NAME Valiente, Jose E.
STREET ADDRESS 1715 E. Westshore Blvd., Suite 950
CITY-ST-ZIP Tampa, FL 33607

TITLE SD ☐ Delete
NAME COUCH, THEODORE J
STREET ADDRESS 713 ARGYLE PLACE
CITY-ST-ZIP TEMPLE TERRACE FL 33617

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

TITLE VPD ☐ Delete
NAME CLARE, GLENDA G
STREET ADDRESS 1101 FLORES DE VILLA
CITY-ST-ZIP TAMPA FL 33613

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

TITLE VPD ☐ Delete
NAME EUBANKS, W HUNTER
STREET ADDRESS 45303 EATON COURT
CITY-ST-ZIP TAMPA FL 33647

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

TITLE VDP ☐ Delete
NAME HALL, LAURENCE W JR
STREET ADDRESS 3003 W VILLA ROSA
CITY-ST-ZIP TAMPA FL 33611

TITLE ☐ Change ☐ 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 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.

Jose Vivero, President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04

Date

813-961-3300

Daytime Phone #