

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000015381

Entity Name: A.E.C.P., INC.

FILED  
Mar 26, 2009  
Secretary of State

## Current Principal Place of Business:

716 W. FLETCHER AVE.  
TAMPA, FL 33612

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 17704  
TAMPA, FL 336827704

## New Mailing Address:

FEI Number: 59-3628455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: VALIENTE, JOSE E  
Address: 1715 NORTH WESTSHORE BLVD SUITE 950  
City-St-Zip: TAMPA, FL 33607

Title: SD ( ) Delete  
Name: COUCH, THEODORE J SR  
Address: 1717 EAST FOWLER AVE  
City-St-Zip: TAMPA, FL 33612

Title: VPD ( ) Delete  
Name: CLARE, GLENDA G  
Address: 1203 CEDAR LAKE DR  
City-St-Zip: TAMPA, FL 33612

Title: VPD ( ) Delete  
Name: EUBANKS, HUNTER W  
Address: 14547 BRUCE B DOWNS BLVD  
City-St-Zip: TAMPA, FL 33613

Title: PD ( ) Delete  
Name: VIVERO, JOSE  
Address: 716 W. FLETCHER AVE  
City-St-Zip: TAMPA, FL 33612

Title: VPD ( ) Delete  
Name: HALL, LAURENECE W JR  
Address: 13003 NORTH NEBRASKA AVE  
City-St-Zip: TAMPA, FL 33612

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE VIVERO

PRES

03/26/2009

Electronic Signature of Signing Officer or Director

Date