

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000021644**

1. Entity Name  
**A/C FRIEND, INC.**



Principal Place of Business  
**1503 EMORY LANE  
COCOA FL 32922**

Mailing Address  
**1503 EMORY LANE  
COCOA FL 32922**

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 **59-3629154**

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

**FRIEND, STEPHEN  
1503 EMORY LANE  
COCOA FL 32922**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

PSTD  
**FRIEND, STEPHEN A  
1503 EMORY LANE  
COCOA FL 32922**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

V  
**FRIEND, JEFFREY BRYAN  
1503 EMORY LANE  
COCOA FL 32922**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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V  
**FRIEND, SCOTT ALAN  
1503 EMORY LANE  
COCOA FL 32922**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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**U00000070316  
03/05/04-80017-009 150.00**

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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:** *Stephen Friend* **STEPHEN FRIEND**

**3/2/04 (321)636-0242**