## **2008 FOR PROFIT CORPORATION**

## **FILED** 2008 08:00 AI ate

ANNUAL REPORT				ren 00, 2000 08:0			
DOCUMENT # P00000097625						Secretary	of Sta
1. Entity Name A/C CONSULTANTS OF SW FLORIDA, INC.							
740 001	OCETAIN OF STATE COMBA	, 1140.					
Principal Plac	ce of Business	Mailing Address					
		4493 DEL SOL BLVD., S. SARASOTA, FL 34243					
•							NATOL NI 1831
				01102008	No Chg-P	CR2E034 (11/05)	
	ONOT WRITE	IN THIS SPA	CE	4. FEI Numbe			oplied For
				65-105		_ \$8.75 Ad	ot Applicable
	Aug the de marie y marie de de la marie a la lama	wanta nin wanta sa	A STATE AND THE PROPERTY.	5. Certificate	of Status Desired	Fee Require	
	6. Name and Address of Current Re	gistered Agent		nication of a			
JOHNSON, LINDA K 4518 DEL SOL BLVD., S.			liver t	DO	NOT W	RITE	
SARASOTA, FL 34243				ำไท้า	HIS SP	ACE	
9 The should	named entity submits this statement for th	o purpose of obenging its register	od office or register	ad agent or bot	h in the State of Flo	ride Lam femiliar with	treons bne
	tions of registered agent.	e purpose of changing its register	ed diliçe di register	ed agent, or bor			·
SIGNATURE.	Signature, typed or printed name of registered agent and t	Ma if applicable (NOTE Population	d Agent signature required	when rejectating)	, 	DATE	
<u> 정도</u>	Signature, types or printed hatte or registered agent and t	The II application	a Agent signature required	]			
	È NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution		00 May Be ed to Fees			
10.	OFFICERS AND DIF	ECTORS				11 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	L.A.
TITLE NAME	D RIGATUSO, MICHAEL A						
STREET ADDRESS	4493 DEL SOL BLVD., S.						
CITY-ST-ZIP	SARASOTA, FL 34243						
NAME					U00000	817226	
STREET ADDRESS CITY-ST-ZIP					<b>"</b> 02/14/08-	817226 80085-005:19	0.00
TITLE							
NAME STREET ADDRESS							ir sein
CITY-ST-ZIP				, DO	NOT W	Klie	
TITLE NAME				SIN	THIS SP	ACE	
STREET ADDRESS							
CITY-ST-ZIP				, ,			
TITLE NAME			医外腺素				
STREET ADDRESS .				The first with			***
TITLE				Heliani			all a second

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

NAME STREET ADDRESS CITY-ST-ZIP