## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P00000102020

ARCHITECTURAL & CONSTRUCTION CONSULTANTS OF FLORIDA, INC.



**FILED** Jan 13, 2004 08:00 AM Secretary of State

Principal Place of Business 152 BAYWOOD AVNUE LONGWOOD, FL 32750

Mailing Address

152 BAYWOOD AVNUE LONGWOOD, FL 32750



## DO NOT WRITE IN THIS SPACE

CR2E034 (10/03) No Chg-P 01062004

Applied For 4. FEI Number 59-3679062 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

ARCHITECTURAL CONST CONSULTANTS 152 BAYWOOD AVE LONGWOOD, FL 32750

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or re	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable (NOTE, Registere	d Agent signature	required when reinstating)	DAYE
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.		\$5.00 May Be Added to Fees	<del></del>
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD THIBAULT, DAVID 152 BAYWOOD AVNUE LONGWOOD, FL 32750 VP SAVAGE, CHRISTOPHER 152 BAYWOOD AVE LONGWOOD, FL 32750				U00000004 <b>0</b> 97 01/14/04-80014-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARCE, DAMARIS 152 BAYWOOD AVE LONGWOOD, FL 32750			_	NOT WRITE THIS SPACE
TITLE NAME STREET ADDRESS					

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP