2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000013625

1. Entity Name CO-ACHIEVEMENT, INC.



Principal Place of Business

1522 CHERRY LAKE WAY HEATHROW, FL 32746 Mailing Address

1522 CHERRY LAKE WAY HEATHROW, FL 32746 FILED Aug 30, 2004 08:00 AM Secretary of State



08252004

No Chg-P

CR2E034 (10/03)

4. FB Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301-0000

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	named entity submits this-statement for the tions of registered agent.	purpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	e if applicable. (NOTE, Registered A	gent signature	o required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		Election Campaign Financi Trust Fund Contribution.	ng 🛘	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIRE	CTORS			,
TITLE NAME STREET ADDRESS CITY-ST-ZP	DVS BORNE, ALAN 1522 CHERRY LAKE WAY HEATHROW, FL 32746			08/30/04-80010-015 150.00 DO NOT WRITE	
THILE NAME STREET ADDRESS CITY-ST-ZIP	DP BORNE, CAROLE 1522 CHERRY LAKE WAY HEATHROW, FL 32746				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORNE, JAMES C 9720 LAKE CHASE ISLAND WAY TAMPA, FL 33626				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOOBY, PATRICIA E 6715 SPRINGVIEW DR. WESTERVILLE, OH 43082			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENSE, EDWARD L 400 PIEDMONT RD. COLUMBUS, OH 43214				
TITLE NAME STREET ADDRESS	D LANNES, FRANCIS J 430 CRANESBILL DR				· · · · · · · · · · · · · · · · · · ·

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1 9.07(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 physher like empowered.

SIGNATURE:

WEST CHICAGO, IL

Horne

VICE PRESIDENT

DECRETARY