

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91257 026 ***150.00

DOCUMENT # P01000034895

1. Entity Name
ACSF HOLDINGS, INC.



Principal Place of Business
505 SOUTH FLAGLER DRIVE STE 1100
WEST PALM BEACH, FL 33401

Mailing Address
PO BOX 3475
WEST PALM BEACH, FL 33402-3475



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 433
Suite, Apt. #, etc.

04202004 Chg-P CR2E034 (10/03)

City & State
Winter Haven, FL

Zip
33880

Country

4. FEI Number
65-1103948

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENRY, THORNTON M
505 SOUTH FLAGLER DRIVE STE 1100
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name
Samuel W. Portlock, III

Street Address (P.O. Box Number is Not Acceptable)
101 Cypress Gardens Blvd.

City
Winter Haven

FL Zip Code
33880

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: *Samuel W. Portlock, III*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	HENRY, ANN P	3028 WASHINGTON ROAD	WEST PALM BEACH, FL 33405	<input type="checkbox"/>
S	MCADAMS, CLARE P	600 ISLAND WAY	WINTER HAVEN, FL 33884	<input type="checkbox"/>
T	PORTLOCK, SAMUEL W III	9 BROGDON CT SE	WINTER HAVEN, FL 33880	<input type="checkbox"/>
VP	PORTLOCK, FRANK D	850 WEST LAKE OTIS DR	WINTER HAVEN, FL 33880	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Samuel W. Portlock, III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

865-2947371

Daytime Phone #