

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90014 038 \*\*\*150.00

**DOCUMENT # P01000069185**

1. Entity Name

A/C DESIGNS OF FLORIDA, INC.



Principal Place of Business

11730 PHILIPS HWY  
JACKSONVILLE FL 32256

Mailing Address

3545-1 ST JOHNS BLUFF RD S #301  
JACKSONVILLE FL 32224

2. Principal Place of Business

11730 Philip Hwy  
Suite, Apt. #, etc.

3. Mailing Address

3545-1 St Johns Bluff  
Rd S #301  
Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32216

Country

Dual

Zip

32224

Country

Dual

4. FEI Number

59-3734635

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TRITT, ARNOLD D JR  
865 MAY ST  
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name  
**ARNOLD D. TRITT, JR.**  
Street Address (P.O. Box Number is Not Acceptable)  
**707 Peninsular Place**

City  
**Jacksonville**

FL

Zip Code  
**32204**

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

03/15/04

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

TITLE DV ☐ Delete  
NAME HARDIE, SUZANNE D  
STREET ADDRESS 3545-1 ST JOHNS BLUFF RD S #301  
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE DP ☐ Delete  
NAME HARDIE, PATRICK L  
STREET ADDRESS 3545-1 ST JOHNS BLUFF RD S #301  
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE DST ☐ Delete  
NAME HANNA, ERIN K  
STREET ADDRESS 3545-1 ST JOHNS BLUFF RD S #301  
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Erin K Hanna Sec/ Treas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/04 904-880-8880