

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000069185

1. Entity Name
A/C DESIGNS OF FLORIDA, INC.



Principal Place of Business
11730 PHILLIP HWY
JACKSONVILLE, FL 32216

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



01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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
707 PENINSULAR PLACE
JACKSONVILLE, FL 32204

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
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CITY-ST-ZIP

000000236810
02/21/05-80033-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #