

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90291 036 \*\*\*150.00

DOCUMENT # P01000093754

1. Entity Name  
AMERICAN COMMUNITY MANAGEMENT, INC.



Principal Place of Business  
215 CELEBRATION PLACE  
SUITE 500  
CELEBRATION, FL 34747 US

Mailing Address  
215 CELEBRATION PLACE  
SUITE 500  
CELEBRATION, FL 34747 US

44027515



01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3750977	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

BISHOP, WILLIAM P  
14785 LAGUNA BEACH CIRCLE  
ORLANDO, FL 32824

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	PD BISHOP, WILLIAM P 14785 LAGUNA BEACH CIRCLE ORLANDO, FL 32824
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BISHOP, WILLIAM P II 1222 ILLINOIS ST ORLANDO, FL 32803
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BISHOP, PEGGY JX 14785 LAGUNA BEACH CIRCLE ORLANDO, FL 32824
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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: William P. Bishop Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/04 321-559-1059  
Date Daytime Phone #