

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90301 009 ***150.00

DOCUMENT # P02000082560

1. Entity Name

ACHS PROPERTIES, INC.



Principal Place of Business

801 SIXTH STREET SOUTH
ST PETERSBURG, FL 33701

Mailing Address

801 SIXTH STREET SOUTH
ST PETERSBURG, FL 33701

DO NOT WRITE IN THIS SPACE



04082005 No Chg-P CR2E034 (10/03)

4. FEI Number

51-0426844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARNES, GARY A
801 SIXTH STREET SOUTH
ST PETERSBURG, FL 33701

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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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 PD
NAME CARNES, GARY
STREET ADDRESS 801 SIXTH STREET SOUTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE VD
NAME HORTON, R WILLIAM
STREET ADDRESS 801 SIXTH STREET SOUTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE TD
NAME STENBERG, ARNOLD T JR
STREET ADDRESS 801 SIXTH STREET SOUTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE S
NAME WICKMAN, RITA
STREET ADDRESS 801 SIXTH STREET SOUTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

Arnold T. Stenberg

727-767-8892

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____