

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000127920

1. Entity Name
A C A TRANSPORTATION CONSULTANTS, INC.



Principal Place of Business
138 PALM COAST PKWY NE
SUITE 115
PALM COAST, FL 32137

Mailing Address
138 PALM COAST PARKWAY, NE
SUITE 115
PALM COAST, FL 32137



04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2304616

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, AGUSTIN
14 WOODFORD LN
PALM COAST, FL 32164

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U000000944529
05/29/08-80102-010 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME RODRIGUEZ, AUGUSTIN
STREET ADDRESS 14 WOODFORD LN
CITY-ST-ZIP PALM COAST, FL 32164

TITLE V
NAME RODRIGUEZ, JR, AGUSTIN
STREET ADDRESS 84 ROBINSON DR
CITY-ST-ZIP PALM COAST, FL 32164

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 exemptions contained in Chapter 119, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Agustin Rodriguez

5-1-08

x386.931-5351