


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 23, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90307 005 \*\*\*150.00

**DOCUMENT # P02000134129**

1. Entity Name  
**ACW SYSTEM, INC.**



Principal Place of Business  
**555 SR 436 SUITE 1001  
 FERN PARK, FL 32730**

Mailing Address  
**555 SR 436 SUITE 1001  
 FERN PARK, FL 32730**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

04022004 Ct 3-P CR2E034 10/03

City & State

4. FEI Number  
**APPLIED FOR: 201226797**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$875 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAHER, CINDY  
 480 EAGLE CIRCLE  
 CASSELBERRY, FL 32707**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 reappointing) DATE \_\_\_\_\_

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
DP	MAHER, JIM	555 SR 436 SUITE 1001	FERN PARK, FL 32730	<input type="checkbox"/>
OS	MAHER, JOEL	555 SR 436 SUITE 1001	FERN PARK, FL 32730	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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]* \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Day(s) of Month: \_\_\_\_\_