

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90023 041 ***150.00

DOCUMENT # P03000069003

1. Entity Name
ACHI, INC.



Principal Place of Business
**14 EAST WASHINGTON STREET
SUITE 306
ORLANDO, FL 32801**

Mailing Address
**14 EAST WASHINGTON STREET
SUITE 306
ORLANDO, FL 32801**

54061511



2. Principal Place of Business
100 VILLAGE SQUARE CROSSING

3. Mailing Address
100 VILLAGE SQUARE CROSSING

Suite, Apt. #, etc.
SUITE 202

Suite, Apt. #, etc.
SUITE 202

07022004 Chg-P CR2E034 (10/03)

City & State
PALM BEACH GARDENS, FL

City & State
PALM BEACH GARDENS, FL

4. FEI Number
30-0188047

Applied For
Not Applicable

Zip
33410

Country

Zip
33410

Country

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

6. Name and Address of Current Registered Agent

**CHERRIX, SHERRY L
14 EAST WASHINGTON STREET
SUITE 306
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name **CHERRIX SHERRY L**
Street Address (P.O. Box Number is Not Acceptable)
100 VILLAGE SQUARE CROSSING
SUITE 202
City **PALM BEACH GARDENS FL** Zip Code **33410**

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 *Sherry L. Cherrix*

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

(NOTE: Registered Agent signature required when reinstating)

7/2/04

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CHERRIX, SHERRY L**
STREET ADDRESS **14 EAST WASHINGTON STREET SUITE 306**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **CHERRIX, SHERRY L**
STREET ADDRESS **100 VILLAGE SQUARE CROSSING #202**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

7/2/04

Date

561-262-5789

Daytime Phone #