


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90730 006 \*\*\*158.75

<b>DOCUMENT # P03000070995</b>			
1. Entity Name <b>AMERICAN COFFEE TRADERS, INC.</b>			
Principal Place of Business <b>4196 S PLEASANT GROVE RD INVERNESS FL 34452</b>		Mailing Address <b>4196 S PLEASANT GROVE RD INVERNESS FL 34452</b>	
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 923</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Inverness, FL</b>	
Zip	Country	Zip	Country
<b>34451</b>		<b>34451</b>	
4. FEI Number <b>86-1069308</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MIERZWINSKI, MACIEJ 4196 S PLEASANT GROVE RD INVERNESS FL 34452</b>		7. Name and Address of New Registered Agent Name <b>Elsie, Lawrence E.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4196 S. Pleasant Grove Rd.</b> City <b>Inverness</b> FL Zip Code <b>34452</b>	
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 <b>Lawrence E. Elsie</b> <b>Lawrence E. Elsie</b> <b>April 16, 2004</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIERZWINSKI, MACIEJ 4196 S PLEASANT GROVE RD INVERNESS FL 34452 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Elsie, Lawrence E 4196 S. Pleasant Grove Rd. Inverness, FL 34452 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELSIE, LAWRENCE E 4196 S PLEASANT GROVE RD INVERNESS FL 34452 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Mierzwinski, Maciej 4196 S. Pleasant Grove Rd Inverness, FL 34452 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <b>Lawrence E. Elsie</b> <b>Lawrence E. Elsie</b> <b>April 16, 2004</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone # <b>352-860-2506</b>	



MOORE CR2E034 (11/03)