

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-19-2004 90257 045 ***150.00

DOCUMENT # P03000072224

1. Entity Name
A & C ADVENTURES, INC.



Principal Place of Business
12026 SPRING RIDGE DRIVE
JACKSONVILLE, FL 32258

Mailing Address
12026 SPRING RIDGE DRIVE
JACKSONVILLE, FL 32258

54036006



2. Principal Place of Business
5000 San Jose Blvd. #75
Suite, Apt. #, etc.
#75
City & State
Jacksonville, FL
Zip
32207
Country
Duval

3. Mailing Address
5000 San Jose Blvd
Suite, Apt. #, etc.
#75
City & State
Jacksonville, FL
Zip
32207
Country
Duval

03092004 Chg-P CR2E034 (10/03)

4. FEI Number
58-2674924
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WALKER, CHARLES R JR
50 NORTH LAURA STREET SUITE 1600
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

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 _____
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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WALKER, CHARLES R JR	
STREET ADDRESS	50 NORTH LAURA STREET SUITE 1600	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PALAZZO, ANDREA L	
STREET ADDRESS	12026 SPRING RIDGE DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32253	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bomhard, Tonya	
STREET ADDRESS	5000 San Jose Blvd. #75	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Charles R. Walker, Jr. Charles R. Walker, Jr. 4/15/04 904-356-7057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #