

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2004 8:00 am
Secretary of State

05-26-2004 90003 027 ***150.00

DOCUMENT # P03000090293

1. Entity Name
MY A C, INC.



Principal Place of Business
**2731 NE JACKSONVILLE ROAD (200A)
OCALA, FL 34470**

Mailing Address
**2731 NE JACKSONVILLE ROAD (200A)
OCALA, FL 34470**

66429169



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222004

Chg:P

CR2E034 (10/03)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AYRES, BENJAMIN H JR
445 NE 8TH AVENUE
OCALA, FL 34470**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**D SHOTWELL, GEORGE C JR
P.O. BOX 816
OCALA, FL 34478**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/23/04

Attachment 66429169
#P03000090293

May 18, 2004

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

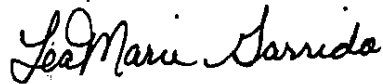
To Whom It May Concern:

MY AC, INC.

Please accept the \$150.00 as payment in full for the 2004 Annual Report. I am the bookkeeper and was under the false assumption that the payment was not due until May 31, 2004. I just realized that the payment was late after May 1, 2004. I am asking you to make this exception so that I can keep my job and not have any repercussions for my mistake. Thank you for your help with this matter.

If you have any further questions, please let me know.

Sincerely,



LeaMarie Garrido
Bookkeeper