2004 FOR PROFIT CORPORATION ANNUAL REPORT. (AR)

Feb 06, 2004 8:00 am Secretary of State ANNUAL REPORT. (AR) 🖋 DOCUMENT # P93000031644 1. Entity Name 02-06-2004 90038 032 ***158.75 ACA REALTY, INC. Principal Place of Business Mailing Address 2 DONDANVILLE ROAD ST. AUGUSTINE FL 32080 2 DONDANVILLE ROAD ZAUUOIUU ST. AUGUSTINE FL 32080 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 59-3182238 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICE, FREDERICK L Street Address (8 O. Box Number o Not Acceptable), 3766 Hanters Creek Greek 108 KING ST ST. AUGUSTINE FL 32084 Jacksonville 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 reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May De After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added.to:Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change Addition TITLE tim € ☐ Detete THEIS, EILEEN L NAME Theis, Eileen 1 NAME 2 DONDANVILLE RD., UNIT 603 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ST. AUGUSTINE FL 32080 Change TITLE Delete TITLE STRONG, THOMAS NAME DUNDANVILLE Rel 514 STREET ADDRESS 2 DONDANVILLE RD., UNIT 201 STREET ADDRESS AUGUSTINE FL 32080 CITY-ST-7IP ST. AUGUSTINE FL 32080 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME PETERS, ANN STREET ADDRESS STREET ADDRESS 307 MARSH POINT CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL 32080 . Change Addition ☐ Delete TITLE TITLE LAWHORN, ROBIN NAME 2 DONDANVILLE ROAD, #301 STREET ADDRESS STREET ADDRESS ST AUGUSTINE FL 32080 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE PACETTI, ALLEN NAME NAME 5640 SR-16 STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 32092 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

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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 Date Date Described Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR