

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 05, 2005 08:00 AM  
Secretary of State

DOCUMENT # P93000031644

1. Entity Name

ACA REALTY, INC.



Principal Place of Business

2 DONDANVILLE ROAD  
ST. AUGUSTINE FL 32080

Mailing Address

2 DONDANVILLE ROAD  
ST. AUGUSTINE FL 32080

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MCORE

CR2E034 (10/04)

4. FEI Number

59-3182238

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

THEIS, EILEEN L  
3766 HENTERS CREEK CIRCLE WEST  
JACKSONVILLE FL 32224

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

*Robin B. Lawhorn, Robin B. Lawhorn, Treasurer*

2-1-05

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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	THEIS, EILEEN L	
STREET ADDRESS	3766 PLANTERS CREEK CIRCLE W	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FEIERSTEIN, VERNON	
STREET ADDRESS	2 DONDANVILLE RD 514	
CITY-ST-ZIP	ST. AUGUSTINE FL 32080	
TITLE	S	<input type="checkbox"/> Delete
NAME	PETERS, ANN	
STREET ADDRESS	307 MARSH POINT	
CITY-ST-ZIP	ST. AUGUSTINE FL 32080	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAWHORN, ROBIN	
STREET ADDRESS	2 DONDANVILLE ROAD, #301	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE	D	<input type="checkbox"/> Delete
NAME	PACETTI, ALLEN	
STREET ADDRESS	5640 SR-16	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	
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	U000000216381	
STREET ADDRESS	02/05/05-80044-023 158.75	
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		
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:

*Robin B. Lawhorn, Robin B. Lawhorn 2-1-05 904-665-0952*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #