

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000048230

1. Entity Name
ACQUIVEST CORPORATION



Principal Place of Business
8302 LAUREL FAIR CIRCLE
SUITE 100
TAMPA, FL 33610 US

Mailing Address
8302 LAUREL FAIR CIRCLE
SUITE 100
TAMPA, FL 33610 US

2. Principal Place of Business - No P.O. Box #
12570 Telecom Drive
Suite, Apt. #, etc.

3. Mailing Address
12570 Telecom Drive
Suite, Apt. #, etc.

City & State
Temple Terrace FL
Zip
33637
Country
US

City & State
Temple Terrace FL
Zip
33637
Country
US

01042008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3188765

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COMER, KATHLEEN
8302 LAUREL FAIR CIRCLE
SUITE 100
TAMPA, FL 33610

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
COMER, KATHLEEN
STREET ADDRESS
8302 LAUREL FAIR CIRCLE, SUITE 100
CITY-ST-ZIP
TAMPA, FL 33610 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
12570 Telecom Drive
Temple Terrace FL 33637 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500129443235
05/14/08--01009--026 **427.50 ☐ Change ☐ Addition

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Kathleen Comer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-08

Date

Daytime Phone #

FILED
08 MAY -6 AM 6:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

