

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000080921

Entity Name

ACHES BROKERS, INC.



Principal Place of Business

ATLANTIC BLVD.
ATLANTIC BEACH FL 32266

Mailing Address

P.O. BOX 330064
ATLANTIC BEACH FL 32233
US



Principal Place of Business

3. Mailing Address

City, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-3278862

Applied For
Not Applying

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

RODRIGUEZ, MICHELLE H
1552 ATLANTIC BLVD.
NEPTUNE FL 32266

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

I, 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, 2006 Fee Will Be \$550.00

Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May
Added to Fee

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P
RODRIGUEZ, MICHELLE H
1264 RUTH AVE
JACKSONVILLE BEACH FL 32250

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Add

000000396865
01/30/06-80027-001 150.00

VP
OUELLETTE, ROBERT C
1777 PARK TERRACE, WEST
ATLANTIC BEACH FL 32233

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Add

ST
OUELLETTE, MARY FRANCES
1777 PARK TERRACE, WEST
ATLANTIC BEACH FL 32233

☐ Delete

TITLE
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CITY- ST- ZIP

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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an other like empowered.

NATURE: Michelle Rodriguez Michelle Rodriguez 1/20/06 904-249-3663