2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000008141

1. Entity Name
OLD ACA, INC.

Principal Place of Business	Mailing Address
201 ATP TOUR BLVD SUITE 150 PONTE VEDRA BEACH, FL 32082 US	201 ATP TOUR BLVD SUITE 150 PONTE VEDRA BEACH, FL 32082 US

DO NOT WRITE IN THIS SPACE

03082004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3301770
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LESNICK, IRVING
150 E PALMETTO PARK RD #500
150 EAST PALMETTO PARK ROAD, SUITE 500
BOCA RATON, FL 33432

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D
NAME	POLICASTRO, GERALD
STREET ADDRESS	201 ATP TOUR BLVD STE 150
CITY-ST-ZIP	PONTE VEDRA BEACH, FL
TITLE	P
NAME	POLICASTRO, GERALD
STREET ADDRESS	201 ATP TOUR BLVD STE 150
CITY-ST-ZIP	PONTE VEDRA BCH, FL
TITLE	S
NAME	POLICASTRO, MARY
STREET ADDRESS	201 ATP TOUR BLVD
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/22/04-80058-023 150.00

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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: _____ 3/12/04 904 273-6433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #