2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 08:00 AM

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1. Entity Nam	OCUMENT # P9700000894 nity Name ACH FIDELCO CORP.			Secretary of State		
Principal Plac	e of Business	Mailing Address				
225 MILLBU Millburn, M	RN AVE. STE 202 VI 07041	225 MILLBURN AVE. STE 202 MILLBURN, NJ 07041				
	<u> </u>	<u>:</u>	<u> </u>			
			04212004	No Chg-P	CR2E034 (10/03)	
DO NOT WRITE IN THIS SPACE			CE	4. FEI Numb		Applied For
				22-28€ 5. Certificate	of Status Desired	Not Applicable \$8.75 Additional
	6. Name and Address of Current Re	gistered Agent		1		Fee Required
ARSENAULT, KENNETH G JR 10225 ULMERTON ROAD STE 2 LARGO, FL 33771			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DO	NOT W	RITE
			IN THIS SPACE			
				114		ACL
8. The above	named entity submits this statement for the	ne purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Fic	rida I am familiar with, and accept
the obligations of registered agent.						
SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when relinstating) DATE						
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	neing \$5.	.00 May Be led to Fees		<u> </u>
10.	OFFICERS AND DI	RECTORS	I .		<u> </u>	
title Name	D BERSON, MARC E]		Monno	in a management
STREET ADDRESS	225 MILLBURN AVE. STE 202				0000001 04/26/04-8	31275 0147-018 150.00
DITY-ST-ZIP	MILLBURN, NJ 07041	\$	= - 2 · · ·	-		
NAME						
STREET ADDRESS CITY-ST-ZIP		ans since of		· — ·		
TITLE NAME						
STREET ADDRESS				DO	NOT W	DITE
CITY-ST-ZIP		. <u> </u>	1		- -	
TITLE NAME				IN .	THIS SF	PACE
STREET ADDRESS CITY-ST-ZIP						
TITLE			1			
NAME STREET ADDRESS						
CITY-ST-ZIP						
TITLE			1			
NAME STREET ADDRESS		* * * * * * * * * * * * * * * * * * *				
City-St-78P			I			· · · · · · · · · · · · · · · · · · ·

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:

Preside A 422 for 973-167-435

SIGNATURE:

President

President

President