

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Sep 02, 2004 08:00 AM
Secretary of State**

DOCUMENT # P97000017905

1. Entity Name
R. LEE ACKER, P.A.



Principal Place of Business
**954 S ORLANDO AVENUE
WINTER PARK, FL 32789 US**

Mailing Address
**954 S ORLANDO AVE
WINTER PARK, FL 32789 US**



09012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3429342

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ACKER, R. LEE
STREET ADDRESS	954 S ORLANDO AVE
CITY-ST-ZIP	WINTER PARK, FL 32789

TITLE	VSD
NAME	ACKER, SHANA E
STREET ADDRESS	943 S ORLANDO AVE
CITY-ST-ZIP	WINTER PARK, FL 32789

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #