## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **ANNUAL REPORT** Feb 03, 2004 08:00 AM Secretary of State **DOCUMENT # P97000023988** 1. Entity Name A & C BUILDING CONTRACTORS, INC. Principal Place of Business Mailing Address 3496 RIVERHILL DRIVE 3496 RIVERHILL DRIVE PACE, FL 32571 PACE, FL 32571 01222004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3432520 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SCHERBEKOW, ABRAM DO NOT WRITE 3496 RIVERHILL DRIVE PACE, FL 32571 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 DATE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SCHERBEKOW, ABRAM NAME STREET ADDRESS 3496 RIVERHILL DRIVE U00000031857 02/04/04-80166-006 150.00 CTY-ST-ZIP PACE, FL 32571 nnf MASSINO, CHRISTINA NAME 3496 RIVERHILL DRIVE STREET ADDRESS CITY-ST-ZIP PACE, FL 32571 TITLE MARIF STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE ПπЕ NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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 any edgress, with an other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SANTURE AND TYPED ON PRINTED NAME OF SKINING OFFICER ON DIRECTOR

1-31-04

8509996967 Davime Phone \*

**FILED**