

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91009 032 ***150.00

DOCUMENT # P97000069337

1. Entity Name
AMERICAN COMPUSYSTEMS, INC.



Principal Place of Business
**2481-A MC MULLEN BOOTH ROAD
CLEARWATER, FL 34619**

Mailing Address
**3355 BEARSS AVE
TAMPA, FL 33618 US**

64001000



03072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3463402

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SANDERS, WALTER
3355 BEARSS AVE
TAMPA, FL 33618**

**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 Walter Sanders
Signature, typed or printed name of registered agent and title if applicable.

Walter Sanders
(NOTE: Registered Agent signature required when reinstating)

3/29/04
DATE

**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 RODRIGUEZ, LUIS
STREET ADDRESS 312 N. BAY HILLS BLVD.
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE D
NAME GIVENS, SANDRA
STREET ADDRESS 2713 BAIRD COURT
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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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 like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 727-791-3900
Date Daytime Phone #