

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90011 022 ***150.00

DOCUMENT # P97000083258

1. Entity Name
A. C. ELLIOTT & ASSOCIATES, INC.



Principal Place of Business
**3810 S STATE ROAD 7
STE B
HOLLYWOOD, FL 33023-6160 US**

Mailing Address
**P O BOX 245872
PEMBROKE PINES, FL 33024 US**

94045929



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03302004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0783773

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**ELLIOTT, ANNAMARIE C
3810 S STATE ROAD 7
STE B
HOLLYWOOD, FL 33023-6160**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 \$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 PD ☐ Delete
NAME ELLIOTT, REMY P
STREET ADDRESS PO BOX 245872
CITY-ST-ZIP PEMBROKE PINES, FL 330236160

TITLE SD ☒ Delete
NAME DEPAULA, CAROL-ANN L
STREET ADDRESS 5350 NW 181ST TERRACE
CITY-ST-ZIP MIAMI, FL 33055

TITLE TD ☐ Delete
NAME ELLIOTT, ANNAMARIE C
STREET ADDRESS PO BOX 245872
CITY-ST-ZIP PEMBROKE PINES, FL 330236160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **TSD Elliott, Annmarie C**
STREET ADDRESS **P.O. Box 245872**
CITY-ST-ZIP **Pembroke Pines fl 33023**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Annmarie Elliott* **Annmarie Elliott** 3/30/04 954-893-0401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #