

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000066073

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: ACQUISITIONS TECHNOLOGIES, INC.

**Current Principal Place of Business:**

195 18TH AVENUE NORTH  
ST PETERSBURG, FL 33704

**New Principal Place of Business:**

**Current Mailing Address:**

195 18TH AVENUE NORTH  
ST PETERSBURG, FL 33704

**New Mailing Address:**

FEI Number: 59-3524134      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SIMPSON, LONNIE L  
101 E KENNEDY BLVD STE 2000  
TAMPA, FL 33602

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: SIMPSON, LONNIE L  
Address: 1049 45TH AVE NORTH  
City-St-Zip: ST PETERSBURG, FL 33703

Title: D      ( ) Delete  
Name: SIMPSON, KELLEY N  
Address: 1049 45TH AVE NORTH  
City-St-Zip: ST PETERSBURG, FL 33703

Title: D      ( ) Delete  
Name: EHLERS, STEPHEN B  
Address: 2760 BUCKINGHAM AVENUE  
City-St-Zip: BIRMINGHAM, MI 48009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LONNIE L. SIMPSON

D

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date