


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000058680**

1. Entity Name  
**S & A OF ARCADIA, INC.**



Principal Place of Business      Mailing Address

**23181 AJAX AVE                      23181 AJAX AVE**  
**PORT CHARLOTTE, FL 33952        PORT CHARLOTTE, FL 33952**

**DO NOT WRITE IN THIS SPACE**



01132004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0688200**       Not Applicable

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

6. Name and Address of Current Registered Agent

**AKERS, VICTOR**  
**23181 AJAX AVE**  
**PORT CHARLOTTE, FL 33952**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-appointing)

**FILE NOW!!! FEE IS \$150.00**      9. Election Campaign Financing      **\$5.00** May Be  
**After May 1, 2004 Fee will be \$550.00**      Trust Fund Contribution.       Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AKERS, VICTOR
STREET ADDRESS	900 HICKPOOCHEE
CITY - ST ZIP	LABELLE, FL 33935
TITLE	D
NAME	AKERS, DEBRA
STREET ADDRESS	900 HICKPOOCHEE
CITY - ST ZIP	LABELLE, FL 33935
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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01/15/04-80038-011 150.00

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: Victor Akers      Victor Akers      1-13-2004      941-235-1867  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #