

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P92000006388		
1. Entity Name AGGRESSIVE INVESTMENT AND PROPERTY MANAGEMENT, INC.		
Principal Place of Business 5220 BRITTONY DR. #5 APT. 304 SAINT PETERSBURG, FL 33715		Mailing Address PO BOX 4297 AKRON, OH 44321
DO NOT WRITE IN THIS SPACE		
		03262007 No Chg-P CR2E034 (11/05)
4. FEI Number 65-0371748		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
FRAZIER, ROBERT C 5220 BRITTANY DR. #5 APT. 304 SAINT PETERSBURG, FL 33715		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 _____ 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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD FRAZIER, ROBERT C 5220 BRITTONY DR., BLDG 5, APT 304 ST PETERSBURG, FL 33715	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FRAZIER, KATHLEEN M 5220 BRITTONY DR., BLDG 5, APT 304 ST PETERSBURG, FL 33715	
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DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Robert C Frazier</i></u>		4-24-08 330466 03374150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #