

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90024 015 ***150.00

DOCUMENT # P96000090876	
1. Entity Name A.E.C. MANAGEMENT, INC.	

Principal Place of Business 3165 22ND AVE NO ST PETERSBURG, FL 33713 US	Mailing Address 8490 49TH ST N PINELLAS PARK, FL 33781 US
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 12120 Seminole Blvd Suite, Apt. #, etc.
City & State	City & State Largo, FL
Zip 33778	Country



01212005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3421489	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent GODFREY, ERNEST C 8490 49TH ST PINELLAS PARK, FL 33781	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 12120 Seminole Blvd	
City Largo	FL Zip Code 33778

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	P GODFREY, ERNEST C. 8490 49TH STREET PINELLAS PARK, FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDSTON, RICHARD T. 3251 62 AVE NORTH ST PETERSBURG, FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 12120 Seminole Blvd Largo, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Ernest Godfrey 3-11-05 722 5970200
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #