

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90065 019 ***150.00

DOCUMENT # P98000060002

1. Entity Name

A. A. HOLDING COMPANY INC.



Principal Place of Business

3301 SW 14TH PLACE, BUILDING #1
BOYNTON BEACH FL 33426

Mailing Address

3301 SW 14TH PLACE, BUILDING #1
BOYNTON BEACH FL 33426

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0853083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CZARNIECKI, ZYGMUNT S
6057 NW 32ND WAY
BOCA RATON FL 33496

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CZARNIECKI, ZYGMUNT S
STREET ADDRESS 6057 NW 32ND WAY
CITY-ST-ZIP BOCA RATON FL 33496

TITLE D ☐ Delete
NAME SWEENEY, RICHARD
STREET ADDRESS 23084 L'ERMITAGE CIRCLE
CITY-ST-ZIP BOCA RATON FL 33433

TITLE D ☐ Delete
NAME SWEENEY, THOMAS
STREET ADDRESS 6101 NW 60TH TERR
CITY-ST-ZIP PARKLAND FL 33067

TITLE D ☐ Delete
NAME SWEENEY, GERRY
STREET ADDRESS 11440 81ST CT NO
CITY-ST-ZIP DELRAY BEACH FL 33412
West Palm Beach FL

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
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/04 561-738-1181