


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 08:00 AM
Secretary of State

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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Country	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> Delete				
NAME	CZARNIECKI, ZYGMUNT S				
STREET ADDRESS	6057 NW 32ND WAY				
CITY- ST- ZIP	BOCA RATON FL 33496				
TITLE	D <input type="checkbox"/> Delete				
NAME	SWEENEY, RICHARD				
STREET ADDRESS	23084 L'ERMITAGE CIRCLE				
CITY- ST- ZIP	BOCA RATON FL 33433				
TITLE	D <input type="checkbox"/> Delete				
NAME	SWEENEY, THOMAS				
STREET ADDRESS	6101 NW 60TH TERR				
CITY- ST- ZIP	PARKLAND FL 33067				
TITLE	D <input type="checkbox"/> Delete				
NAME	SWEENEY, GERRY				
STREET ADDRESS	11440 81ST CT. NO				
CITY- ST- ZIP	WEST PALM BEACH FL 33412				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
02/01/05-80020-005 <input type="checkbox"/> \$5.00					
<input type="checkbox"/> Change <input type="checkbox"/> Add					
<input type="checkbox"/> Change <input type="checkbox"/> Add					
<input type="checkbox"/> Change <input type="checkbox"/> Add					
<input type="checkbox"/> Change <input type="checkbox"/> Add					
<input type="checkbox"/> Change <input type="checkbox"/> Add					



1st MOORE CR2E034 (10/04)

4. FEI Number **65-0853083** Applied For Not Applicable

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

7. Name and Address of New Registered Agent

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 reports 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Zygmunt S. Czarniecki Pres* 1/27/05 561-788-1187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR