

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90091 049 ***150.00

DOCUMENT # 320082

1. Entity Name

AAA EMPLOYMENT, INC.



Principal Place of Business

5533 CENTRAL AVE
SAINT PETERSBURG FL 33710
US

Mailing Address

5533 CENTRAL AVE
SAINT PETERSBURG FL 33710
US

44004507



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1278599

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROUNDS, COLLEEN
5533 CENTRAL AVE
SAINT PETERSBURG FL 33710

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	P	<input checked="" type="checkbox"/> Delete
NAME	KAPPLER, JANE	
STREET ADDRESS	5533 CENTRAL AVE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	ROUNDS, COLLEEN	
STREET ADDRESS	5533 CENTRAL AVE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OLIVER, LOUISE	
STREET ADDRESS	1850 LEE RD #223	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, FRANCIS	
STREET ADDRESS	134 BEECH CREEK CT	
CITY-ST-ZIP	KENNESAW GA 30152	
TITLE		<input type="checkbox"/> Delete
NAME	DEHAVEN, JOHN	
STREET ADDRESS	5533 CENTRAL AVE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CYNTHIA DEHAVEN	
STREET ADDRESS	5533 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33710	

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 #