


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 320082 1. Entity Name AAA EMPLOYMENT, INC.	
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Principal Place of Business 5533 CENTRAL AVE SAINT PETERSBURG, FL 33710 US	Mailing Address 5533 CENTRAL AVE SAINT PETERSBURG, FL 33710 US
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02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1278599	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent ROUNDS, COLLEEN 5533 CENTRAL AVE SAINT PETERSBURG, FL 33710
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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: <i>Colleen Rounds</i> Signature, typed or printed name of registered agent and title if applicable.	DATE: <i>2-16-05</i> (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPST ROUNDS, COLLEEN 5533 CENTRAL AVE SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CEO DEHAVEN, JOHN 5533 CENTRAL AVE SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P DEHAVEN, CYNTHIA 5533 CENTRAL AVE SAINT PETERSBURG, FL 33710
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

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: <i>Colleen Rounds</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <i>2-16-05</i> Daytime Phone #: <i>343-3044</i>