

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

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



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

ROUNDS, COLLEEN
5533 CENTRAL AVE
SAINT PETERSBURG, FL 33710

**DO NOT WRITE
IN THIS SPACE**

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 Colleen Rounds
Signature, typed or printed name of registered agent and title if applicable.

COLLEEN ROUNDS
VP-S-T

1-19-07

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100000591085
01/19/07-80009-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Colleen Rounds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COLLEEN ROUNDS
VP-S-T

1-19-07 (727) 343-3044
Date Daytime Phone #