

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F08248 1. Entity Name AYO ASSOCIATES, INC.														
Principal Place of Business 3328 WESTMORE LAND DRIVE TAMPA, FL 33618 US	Mailing Address P.O. BOX 273568 TAMPA, FL 33688-3568													
DO NOT WRITE IN THIS SPACE														
6. Name and Address of Current Registered Agent AYO, JOSEPH J 3328 WEST MORELAND DRIVE TAMPA, FL 33618														
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. _____ DATE _____														
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees												
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>PSD AYO, JOSEPH J 3328 WESTMORELAND DR TAMPA, FL</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr></table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD AYO, JOSEPH J 3328 WESTMORELAND DR TAMPA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE 01/09/04-80028-012 158.75
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 # _____												



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2042180	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	