## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 17, 2005 8:00 am **Secretary of State** DOCUMENT # F08248 1. Entity Name 02-17-2005 90023 014 \*\*\*150.00 AYO ASSOCIATES, INC. Mailing Address Principal Place of Business 3328 WESTMORE LAND DRIVE P.O. BOX 273568 TAMPA FL 33688-3568 TAMPA FL 33618 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 59-2042180 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AYO, JOSEPH J Street Address (P.O. Box Number is Not Acceptable) 3328 WEST MORELAND DRIVE **TAMPA FL 33618** City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. President-Treasurer, D Delete TITLE **\***30\* TITLE Change ☐ Addition AYO, JOSEPH J NAME NAME 9410 3328 WESTMORELAND DR STREET ADDRESS STREET ADDRESS TAMPA FI CITY-ST-ZIP CITY-ST-ZIP First-Vice-President. ☐ Change □ Addition THILE ☐ Delete TITLE NAME NAME Michael A. Rossi STREET ADDRESS STREET ADDRESS 4911 Hudson Terrace CITY-ST-ZIP CITY-ST-7IP <u>Tampa, Florida 33624</u> Delete ☐ Change ☐ Addition TITLE Second Vice-President NAME NAME Joseph V. Ayo STREET ADDRESS STREET ADDRESS 5118 Rawls Road CITY-ST-ZIP CITY-ST-7IP Tampa, Florida 33624 ☐ Delete ☐ Change ☐ Addition THILE Secretary, D. 498 Yolanda E. Ayo TITLE NAME NAME STREET ADDRESS STREET ADDRESS 3328 Westmoreland Drive CITY-ST-ZIP CHY-S1-782 <del>Tampa, Florida 33618</del> TITLE ☐ Delete TITLE ☐ Change ☐ Addition Assistant-Secretary NAME NAME Sandra Elisa Rossi STREET ADDRESS STREET ADDRESS c/o 3328 Westmoreland Dr CITY-ST-ZIP CITY-ST-7IP Tampa, F1 33618 TITLE ☐ Delete HILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 attac/ment withman address, with all other like empowered.

SIGNATURE:

JOSEPH J. AYO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph J.Ayo, Pres-Treasurer

FILED