

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90025 046 \*\*\*158.75

**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



2. Principal Place of Business

3328 Westmoreland dr  
Suite, Apt. #, etc.

3. Mailing Address

PO Box 273568  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Tampa FL

City & State

Tampa, FL

4. FEI Number

59-2042180

Applied For

Not Applicable

Zip

33618

Country

USA

Zip

33688

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AYO, JOSEPH J  
3328 WEST MORELAND DRIVE  
TAMPA FL 33618

7. Name and Address of New Registered Agent

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, 2006 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	PTD	<input type="checkbox"/> Delete
NAME	AYO, JOSEPH J	
STREET ADDRESS	3328 WESTMORELAND DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	1VP	<input type="checkbox"/> Delete
NAME	ROSSI, MICHAEL A	
STREET ADDRESS	4911 HUDSON TERRACE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	AYO, JOSEPH V	
STREET ADDRESS	5118 RAWLS ROAD	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AYO, YOLANDA E	
STREET ADDRESS	3328 WESTMORELAND DRIVE	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ROSSI, SANDRA ELISA	
STREET ADDRESS	C/O 3328 WESTMORELAND DR	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph J AYO	
STREET ADDRESS	3328 Westmoreland dr	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	1VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSI, MICHAEL A	
STREET ADDRESS	4911 HUDSON TR	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	VACANT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYO, YOLANDA E	
STREET ADDRESS	3328 Westmoreland dr	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSI, SANDRA ELISA	
STREET ADDRESS	C/O 3328 Westmoreland dr	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Joseph J AYO PTD

4/30/06 813-962-3574

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #