

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2042180

Applied For
Not Applicable

5. Certificate of Status Desired **A** \$8.75 Additional Fee Required

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AYO, JOSEPH J
3328 WEST MORELAND DRIVE
TAMPA FL 33618

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 of Registered Agent (must be signed and dated)

(NOTE: Registered Agent signature required when submitting)

DATE

2/18/08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete
NAME AYO, JOSEPH J
STREET ADDRESS 3328 WESTMORELAND DR
CITY-STATE-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE 1VP ☐ Delete
NAME ROSSI, MICHAEL A
STREET ADDRESS 4011 HUDSON TR
CITY-STATE-ZIP TAMPA FL 33624

TITLE ☐ Change ☐ Addition
NAME U00000833918
STREET ADDRESS 02/28/08-80031-023 158.75
CITY-STATE-ZIP

TITLE SD ☐ Delete
NAME AYO, YOLANDA E
STREET ADDRESS 3328 WESTMORELAND DRIVE
CITY-STATE-ZIP TAMPA FL 33610

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE AS ☐ Delete
NAME ROSSI, SANDRA ELISA
STREET ADDRESS C/O 3328 WESTMORELAND DR
CITY-STATE-ZIP TAMPA FL 33618

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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 officer 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)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/08 813-962-3574

City

Telephone #