

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000004659

1. Entity Name
AEC ONE STOP GROUP, INC.



Principal Place of Business
4250 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33065

Mailing Address
4250 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33065

FILED

05 FEB -9 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01062005 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0856338

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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

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, 2005 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
DCEO
SCHNUG, TONY
4250 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DSVP
CAMPAGNA, GEORGE
4250 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BARNEY, ISABEL
4250 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
BLEI, PETER
4250 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
TUCHMAN, ALAN
4250 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600046658106
02/15/05--01058--001 **690.00

**DO NOT WRITE
IN THIS SPACE**

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/05
Date

954-255-4623
Daytime Phone #