


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90309 017 ***150.00

F99000003767 1. Entity Name ROY L. AACH AND ASSOCIATES, P.C.					
Principal Place of Business 2207 OAK FORD RD SARASOTA, FL 34240			Mailing Address 2207 OAK FORD RD SARASOTA, FL 34240		
2. Principal Place of Business 6945 COUNTRY LAKES CIRCLE Suite, Apt. #, etc.		3. Mailing Address 6945 COUNTRY LAKES CIRCLE Suite, Apt. #, etc.			
City & State SARASOTA, FLORIDA		City & State SARASOTA, FLORIDA		4. FEI Number 43-1487231	
Zip 34243		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 <input type="checkbox"/> \$5.00	
6. Name and Address of Current Registered Agent AACH, ROY L 2207 OAK FORD RD SARASOTA, FL 34240			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: <u>Roy L. Aach</u> (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. <input type="checkbox"/> \$5.00 <input type="checkbox"/> \$50.00		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: PCD NAME: AACH, ROY L STREET ADDRESS: 2207 OAK FORD RD CITY-ST-ZIP: SARASOTA, FL 34240			TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <u>6945 COUNTRY LAKES CIRCLE</u> STREET ADDRESS: <u>SARASOTA, FL. 34243</u>		
TITLE: S NAME: AACH, BEVERLY W STREET ADDRESS: 2207 OAK FORD RD CITY-ST-ZIP: SARASOTA, FL 34240			TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <u>6945 COUNTRY LAKES CIRCLE</u> STREET ADDRESS: <u>SARASOTA, FL. 34243</u>		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			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 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: <u>Roy L. Aach</u> <u>ROY L. AACH</u> <u>3/8/05</u> <u>(941)355-9555</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					