2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004800

FILED Jul 09, 2004 Secretary of State

Entity Name: AOC SHAREHOLDERS, INC.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	NWOOD LANE RS, FL 33907	E, SUITE 35			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
12734 KEN FT. MEYER	NWOOD LANE RS, FL 33907	E, SUITE 35			
FEI Number:	61-0673220	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
CARROLL, JAMES 12734 KENWOOD LANE, SUITE 35 FT. MEYERS, FL 33907 US				CARROLL, JAMES P 12734 KENWOOD LANE, SUITE 35 FT. MEYERS, FL 33907 US	
	named entity : e of Florida.	submits this statement for the p	ourpose of changing its registered of	office or registered agent, or both,	
SIGNATURE: JAMES CARROLL				07/09/2004	
	Electror	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CARROLL, JAN	OD LANE, SUITE 35	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	DVS () BECK, LOUIS S 8534 E. KEMPI CINCINNATI, O	ER ROAD	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	DV () YEAGGY, HAR 8534 E. KEMPI CINCINNATI, O	ER ROAD	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name:	DV () CARROLL, TOI) Delete DD	Title: (Name:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JAMES CARROLL DPT 07/09/2004

12734 KENWOOD LANE, SUITE 35

FT. MEYERS, FL 33907

Address:

City-St-Zip: