


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90106 010 ***150.00

DOCUMENT # G94020
 1. Entity Name
A.A.R. COMPANY



Principal Place of Business
**333 FAULKENBURG RD.
 SUITE C301
 TAMPA, FL 33619**

Mailing Address
**333 FAULKENBURG RD.
 SUITE C301
 TAMPA, FL 33619**

DO NOT WRITE IN THIS SPACE



03172005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2389124	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ANTHONY, GERALD F.
 905 STRAWBERRY LN.
 BRANDON, FL 33511**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP ANTHONY, GERALD F. 905 STRAWBERRY LANE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANTHONY, DAVID G 205 SUGAR CREEK DR PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ANTHONY, DAVID G. DAVID G. 205 SUGAR CREEK DR 205 SUGAR CREEK DR PLANT CITY, FL 33567 PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Gerald F. Anthony* **Gerald F. Anthony** **3/24/05** **813-654-0262**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #