## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # G94020 Jan 24, 2007 08:00 AM 1. Entity Name **Secretary of State** A.A.R. COMPANY Principal Place of Business Mailing Address 333 FAULKENBURG RD. 333 FAULKENBURG RD. SUITE C301 TAMPA FL 33619 SUITE C301 **TAMPA FL 33619** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & Stato 4. FEI Number 59-2389124 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANTHONY, GERALD F. Street Address (P.O. Box Number is Not Acceptable) 905 STRAWBERRY LN. BRANDON FL 33511 City Zip Code 8. The above named onlity 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 i applicable (NOTE, Registered Agent signature required when reinstating) ~ . \_ . \_DATE FILE NOW!!! FEE IS \$150.00 9. Etection Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DP mu ☐ Change ☐ Addition ☐ Defete HITLE 000000600248 ANTHONY, GERALD F. NAME NAME 01/26/07-80002-004 150.00 905 STRAWBERRY LANE STREET ADDRESS STREET ADDRESS BRANDON FL 33511 CITY - ST-ZIP CITY-S1-ZIP Delete ☐ Change ■ Addition HIGH ANTHONY, DAVID G 205 SUGAR CREEK DR STRUT LADDRESS STREET ADDRESS PLANT CITY FL 33567 CITY+SI-ZIP CHY-SI-ZIP TITLE Delete HILE ☐ Change Addition NAME NAMI STREEL ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP HIG. ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7P ☐ Delete ☐ Addition Ш ☐ Change NAME. NAMI STRUCT ADDRESS STREET ADDRESS CHY-SI-7P CHY-S1-7P THILE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CUY-SI-7IP CITY-ST-7IP 12. Thereby 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 roport or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this roport 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.

DAVID 6. Anthony

SIGNATURE: Day

**FILED**