


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Feb 19, 2008 08:00 AM  
Secretary of State**

**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**



02142008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2389124**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ANTHONY, GERALD F.  
905 STRAWBERRY LN.  
BRANDON, FL 33511**

**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: \_\_\_\_\_ 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, 2008 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	VPST ANTHONY, DAVID G 205 SUGAR CREEK DR PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/27/08-80050-009 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: David G. Anthony **David G. Anthony** 2/14/08 (813) 654-0262  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #