

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # H87870	
1. Entity Name AAAA AMERICAN TRANSMISSIONS, INC.	

Principal Place of Business % TJEV MATO POBORAC 4301 49TH ST N ST. PETERSBURG, FL 33709	Mailing Address % TJEV MATO POBORAC 4301 49TH ST N ST. PETERSBURG, FL 33709
---	---

DO NOT WRITE IN THIS SPACE



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2610764	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent POBORAC, TJEV MATO 4301 49TH ST N ST. PETERSBURG, FL 33709	
--	--

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 _____ (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. ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POBORAC, TJEV MATO 4301 49TH ST N ST PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS POBORAC, BOZENA 4301 49TH ST N ST PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP POBORAC, ALLEN 4301 49 ST N ST PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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: *[Signature]* **April 29-05 727-527-5741**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #