

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90248 010 ***150.00

DOCUMENT # J10264 1. Entity Name AAREN OF ORMOND, INC.			
Principal Place of Business 800 GATEPARK DRIVE 198 S. ATLANTIC AVE. DAYTONA BEACH, FL 32114 US		Mailing Address 800 GATEPARK DRIVE 198 S. ATLANTIC AVE. DAYTONA BEACH, FL 32114 US	
2. Principal Place of Business 4471 E PORT PARKWAY Suite, Apt. #, etc.		3. Mailing Address 4471 E PORT PARKWAY Suite, Apt. #, etc.	
City & State PORT ORANGE FL Zip Country 32127 -- --		City & State PORT ORANGE, FL Zip Country 32127 -- --	
4. FEI Number 59-2622531		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANEK NARESH 800 GATE PARK DRIVE DAYTONA BEACH, FL 32114		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4471 E. PORT PARKWAY City PORT ORANGE FL Zip Code 32127	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANEK, NARESH 800 GATE PARK DRIVE DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4471 E. PORT PARKWAY PORT ORANGE FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MANEK, RAMESH 800 GATEPARK DR. DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4471 E. PORT PARKWAY PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANEK, LILLY 33 PEBBLE BEACH ORMOND BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4471 E. PORT PARKWAY PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-15-05 Daytime Phone # _____	