

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90037 030 \*\*\*150.00

**DOCUMENT # K87380**

1. Entity Name  
AIP 5600 CORPORATION



Principal Place of Business  
% PETER LAWRENCE  
4710 EISENHOWER BLVD - SUITE C-1  
TAMPA, FL 33634-6334

Mailing Address  
% PETER LAWRENCE  
4710 EISENHOWER BLVD - SUITE C-1  
TAMPA, FL 33634-6334

40044728



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142008

Chg-P

CR2E034 (12/06)

4. FEI Number  
59-2997388

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

ABRAMS, ALLAN  
4710 EISENHOWER BLVD.  
STE. C-1  
TAMPA, FL 33634

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 DP  
NAME ABRAMS, ALLAN ☐ Delete  
STREET ADDRESS 4710 EISENHOWER BLVD - SUITE C-1  
CITY-ST-ZIP TAMPA, FL 33634

TITLE DS  
NAME LLEWELLYN, ROBERTA ☐ Delete  
STREET ADDRESS 4710 EISENHOWER BLVD - SUITE C-1  
CITY-ST-ZIP TAMPA, FL 33634

TITLE P  
NAME HOOVER, KRISTOPHER M ☐ Delete  
STREET ADDRESS 4710 EISENHOWER BLVD., STE C-1  
CITY-ST-ZIP TAMPA, FL 33634

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS ☒ Change ☐ Addition  
NAME Abrams, Roberta  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Kristopher Hoover*

Kristopher Hoover, President 01/20/08 813-889-8855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #