

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90046 012 ***150.00

DOCUMENT # K88284

1. Entity Name

AAA MEDICAL FABRICATORS CORP.



Principal Place of Business

109 BAYVIEW BLVD
D
OLDSMAR FL 34677

Mailing Address

P.O. BOX 308
OLDSMAR FL 34677

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number 59-2949927

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SIPLES, JACQUELINE A
109 BAYVIEW BLVD UNIT D
OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Name S. PLES JACQUELINE
Street Address (P.O. Box Number is Not Acceptable) 141 SCARLET BLVD UNIT C
City OLDSMAR FL Zip Code 34677

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]*
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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SIPLES, JACQUELINE A ☐ Delete
STREET ADDRESS 1111 N BAYSHORE BLVD A4
CITY-ST-ZIP CLEARWATER FL 33759

TITLE V
NAME SIPLES, JEFFERY L ☐ Delete
STREET ADDRESS 1111 N BAYSHORE BLVD A4
CITY-ST-ZIP CLEARWATER FL 33759

TITLE TD
NAME CHESTER, CLINT ☐ Delete
STREET ADDRESS 3660 ST RD 580 LOT 31
CITY-ST-ZIP OLDSMAR FL 34677

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

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

TITLE ☐ Change ☐ Addition
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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 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:

Jacqueline A Siples
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04 813-855-6955
Date Daytime Phone #