

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K88284

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: AAA MEDICAL FABRICATORS CORP.

## Current Principal Place of Business:

109 BAYVIEW BLVD  
D  
OLDSMAR, FL 34677

## New Principal Place of Business:

141 SCARLET BLVD  
C  
OLDSMAR, FL 34677

## Current Mailing Address:

P.O. BOX 308  
OLDSMAR, FL 34677

## New Mailing Address:

FEI Number: 59-2949927

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIPLES, JACQUELINE  
141 SCARLET BLVD UNIT C  
OLDSMAR, FL 34677 US

## Name and Address of New Registered Agent:

SIPLES, JACQUELINE  
141 SCARLET BLVD UNIT C  
OLDSMAR, FL 34677 US

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.

SIGNATURE: JACQUELINE SIPLES

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SIPLES, JACQUELINE A  
Address: 1111 N BAYSHORE BLVD A4  
City-St-Zip: CLEARWATER, FL 33759

Title: V ( ) Delete  
Name: SIPLES, JEFFERY L  
Address: 1111 N BAYSHORE BLVD A4  
City-St-Zip: CLEARWATER, FL 33759

Title: TD ( ) Delete  
Name: CHESTER, CLINT  
Address: 3660 ST RD 580 LOT 31  
City-St-Zip: OLDSMAR, FL 34677

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: CHESTER, CLINT  
Address: 200 FAIRFIELD AVE.  
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE SIPLES

PRES

04/26/2005

Electronic Signature of Signing Officer or Director

Date