

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # L36998**

1. Entity Name  
**AOM, INC.**



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 FEB 20 AM 9:54

Principal Place of Business  
**720 WEST ORANGE AVE.  
TALLAHASSEE, FL 32310-6876**

Mailing Address  
**720 WEST ORANGE AVE.  
TALLAHASSEE, FL 32310-6876**



02192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2989668**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PATEL, HARISH  
5858 COUNTRY SIED DR  
TALLAHASSEE, FL 32311**

**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

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**

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

**10. OFFICERS AND DIRECTORS**

|                |                       |
|----------------|-----------------------|
| TITLE          | P                     |
| NAME           | PATEL, HARISH         |
| STREET ADDRESS | 5858 COUNTRY SIDE DR  |
| CITY-ST-ZIP    | TALLAHASSEE, FL       |
| TITLE          | T                     |
| NAME           | PATEL, ARUNA          |
| STREET ADDRESS | 5858 COUNTRYSIDER DR  |
| CITY-ST-ZIP    | TALLAHASSEE, FL 32311 |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |

300029806693  
03/03/04--01038--019 \*\*150.00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/04

TR