

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 16, 2004 08:00 AM
Secretary of State**

DOCUMENT # N95000001778

1. Entity Name

ALL AMERICAN MUSEUMS, INCORPORATED



Principal Place of Business

2011 BEACH DR
SEBRING, FL 33870

Mailing Address

2011 BEACH DR
SEBRING, FL 33870



01082004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

65-0577714

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PILLER, TOM
2011 BEACH DR
SEBRING, FL 33870

**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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000051860
02/16/04-80066-021 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME PILLER, TOM
STREET ADDRESS 2011 BEACH DR
CITY-ST-ZIP SEBRING, FL 33870

TITLE D
NAME PILLER, ROBERT S
STREET ADDRESS 135 N LAKE REEDY BLVD
CITY-ST-ZIP FROSTPROOF, FL 33843

TITLE D
NAME PILLER, REBA A
STREET ADDRESS 2011 BEACH DR
CITY-ST-ZIP SEBRING, FL 33870

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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)(f), 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 617, 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

2-12-04 (863) 385-3557