


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000000726	
1. Entity Name A & E GROUP, INC.	

Principal Place of Business 500 SOUTH CHAFFEEROAD LOT NO 157 JACKSONVILLE, FL 32221	Mailing Address 500 SOUTH CHAFFEEROAD LOT NO 157 JACKSONVILLE, FL 32221
---	---

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3689992	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MULLIS, MARTHA A
500 SOUTH CHAFFEEROAD LOT NO 157
JACKSONVILLE, FL 32221**

**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 Martha A Mullis DATE 3-19-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	DP MULLIS, MARTHA A 500 SOUTH CHAFFEEROAD LOT NO 157 JACKSONVILLE, FL 32221
TITLE NAME STREET ADDRESS CITY ST ZIP	DST MULLIS, DONALD E 500 SOUTH CHAFFEEROAD LOT NO 157 JACKSONVILLE, FL 32221
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

000000094352
03/22/04-80057-008 150.00

**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: Martha Mullis DATE 3-19-04 908 7869137

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR