

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 30, 2004 8:00 am**  
**Secretary of State**

09-30-2004 90011 018 \*\*\*150.00

DOCUMENT # P01000005941

1. Entity Name  
AAOV CORPORATION



Principal Place of Business  
1536 NORTH JEFFERSON ST., STE. 2A  
JACKSONVILLE, FL 32209

Mailing Address  
1536 NORTH JEFFERSON ST., STE. 2A  
JACKSONVILLE, FL 32209

04070040



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09172004

Chg-P

CR2E034 (10/03)

4. FEI Number  
08-0390647

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ECHOLES, TIFFANY  
1536 N. JEFFERSON ST  
JACKSONVILLE, FL 32209

7. Name and Address of New Registered Agent

Name GRAYLING E. BRANNON  
Street Address (P.O. Box Number is Not Acceptable) 1536 N. Jefferson Street  
City Jacksonville FL 32209

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 Grayling E. Brannon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 9-23-04

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BRANNON, GRAYLING E ESQ  
STREET ADDRESS 1536 N. JEFFERSON ST  
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE D ☐ Delete  
NAME BRANNON, ANTHONY E  
STREET ADDRESS 3621 HICKORYNUT ST  
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE D ☐ Delete  
NAME CONAWAY, LAURIE L  
STREET ADDRESS 7508 COVE POINT WAY  
CITY-ST-ZIP ELKRIDGE, MD 21075

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition  
NAME CONAWAY, LAURIE  
STREET ADDRESS 13933 Bradley Cove Dr.  
CITY-ST-ZIP Jacksonville, FL 32218

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

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: Grayling E. Brannon 9-23-04 (904) 358-9151  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #