


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000013049 1. Entity Name A2 ENTERPRISES, INC.	
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Principal Place of Business 932 NORTHEAST 25TH STREET BELLE GLADE, FL 33430	Mailing Address 932 NORTHEAST 25TH STREET BELLE GLADE, FL 33430
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02062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1084197	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent KELLY, AMY L 932 NORTHEAST 25TH STREET BELLE GLADE, FL 33430

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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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD BRYANT, JAMES D 932 NORTHEAST 25TH STREET BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELLY, DWAYNE E 2176 EAST MAIN STREET PAHOKEE, FL 33476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLY, AMY L 2176 EAST MAIN STREET PAHOKEE, FL 33476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEAL, AMY M 932 NORTHEAST 25TH STREET BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000130102
04/26/04-80103-022 158.75

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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 this 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: *Amy L. Kelly* 4/16/04 561-261-1525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #