2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000047407

1. Entity Name
AAS OF FWB, INC.

Principal Place of Business	Mailing Address
369 N. BEAL PARKWAY FORT WALTON BEACH, FL 32548	369 N. BEAL PARKWAY FORT WALTON BEACH, FL 32548

DO NOT WRITE IN THIS SPACE

03162005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
30-0072097	Not Applicable

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

6. Name and Address of Current Registered Agent

BARRINEAU, TIM M
369 N. BEAL PARKWAY
FORT WALTON BEACH, FL 32548

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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, 2005 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	BARRINEAU, TIM M	
STREET ADDRESS	911 SHAMILAR PT. DR.	
CITY-ST-ZIP	SHALIMAR, FL 32579	
TITLE	ST	
NAME	BARRINEAU, DEBRA A	
STREET ADDRESS	911 SHALIMAR PT. DR.	
CITY-ST-ZIP	SHALIMAR, FL 32579	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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03/18/05-80066-011 150.00

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11. 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: _____ PRES. Tim M. BARRINEAU 3/14/05 850.882.1886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #