

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000051053		
1. Entity Name AEDES HOLDINGS, INC.		

Principal Place of Business 4221 45TH STREET SOUTH ST PETERSBURG, FL 33711	Mailing Address 4221 45TH STREET SOUTH ST PETERSBURG, FL 33711
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DO NOT WRITE IN THIS SPACE



03092006 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3685808	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

KIRKLAND, SHEILA V
4221 45TH STREET SOUTH
ST PETERSBURG, FL 33711

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6. 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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000004 (9508 04/10/06-80008-020 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P KIRKLAND, SHEILA V 4221 45TH STREET SOUTH ST PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KIRKLAND, JOHN N 4221 45TH STREET SOUTH ST PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DUGGAR, ROLFE D 4699 CENTRAL AVENUE SAINT PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *S. V. Kirkland* Date: *3/30/06* Daytime Phone #: *864-1631*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR