

2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/3/2

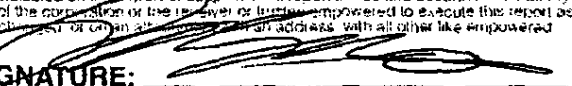
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Jul 01, 2004 8:00 am
Secretary of State

05-03-2004 90828 001 ***450.00

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04262004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000129016					
1. Entity Name AGGRESSIVE PROMOTIONS, INC.					
Principal Place of Business 7031 BENJAMIN ROAD SUITE A TAMPA, FL 33634			Mailing Address 7031 BENJAMIN ROAD SUITE A TAMPA, FL 33634		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. Certificate of Status Cleared ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUBRECHT, BERNIE 7031 BENJAMIN ROAD SUITE A TAMPA, FL 33634				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	DATE	☐ Delete	NAME	DATE	☐ Change ☐ Addition
RUBRECHT, BERNIE					
7031 BENJAMIN ROAD #A					
TAMPA, FL 33634					
NAME	DATE	☐ Delete	NAME	DATE	☐ Change ☐ Addition
NAME	DATE	☐ Delete	NAME	DATE	☐ Change ☐ Addition
NAME	DATE	☐ Delete	NAME	DATE	☐ Change ☐ Addition
NAME	DATE	☐ Delete	NAME	DATE	☐ Change ☐ Addition
NAME	DATE	☐ Delete	NAME	DATE	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 as changed or changed in an address, with all other like empowered.					
SIGNATURE: 			X 430-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					