

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90204 018 \*\*\*150.00

**DOCUMENT # P03000022037**

1. Entity Name

ALL AMERICAN CHEER GEAR, INC.



Principal Place of Business

2617 PARKDALE CT  
WICHITA KA 67205

Mailing Address

2617 PARKDALE CT  
WICHITA KA 67205

2. Principal Place of Business

10950 #42 San Jose Blvd  
Suite, Apt. #, etc.

3. Mailing Address

10950 #42 San Jose Blvd  
Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32223

Country

Duxal

Zip

32223

Country

Duxal

4. FEI Number

57-1151487

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

66422184



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

LUCK, SHAWN M  
11455 GODFREY WAY  
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name

Michele Porter

Street Address (P.O. Box Number is Not Acceptable)

10950 #42 San Jose Blvd

City

Jacksonville

FL

Zip Code

32223

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.

Michele Porter 5/11/04

4-22-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004, Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME PORTER, JAMES T  
STREET ADDRESS 2617 PARKDALE CT  
CITY-ST-ZIP WICHITA KA 67205 ☐ Delete

TITLE D  
NAME PORTER, MICHELE A  
STREET ADDRESS 2617 PARKDALE CT  
CITY-ST-ZIP WICHITA KA 67205 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 10950 #42 San Jose Blvd  
CITY-ST-ZIP Jacksonville FL 32223 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 10950 #42 San Jose Blvd  
CITY-ST-ZIP Jacksonville FL 32223 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-04

904262-8501

Date

Daytime Phone #