2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 01, 2005 08:00 AM Secretary of State

DOCUMENT # P03000096592 1. Entity Name A-1 SALES, INC.	Secretary or state
Principal Place of Business Mailing Address 1205 S ADAMS STREET 1205 S ADAMS STREET TALLAHASSEE, FL 32301 US TALLAHASSEE, FL 3230	O1 US
DO NOT WRITE IN THIS SPACE 01202005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For Not Applied For Not Applied For Not Applied For Status Desired Status Desired Status Desired Fee Required 5. Name and Address of Current Registered Agent	
SEYMOUR, DARREN 1205 S ADAMS STREET TALLAHASSEE, FL 32301	DO NOT WRITE 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 Signature, typed or printed name of registered agent and life 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 \$5.00 May Be Trust Fund Contribution. Added to Fees	
10. OFFICERS AND DIRECTORS TITLE P NAME SEYMOUR, DARREN STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000208289
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS OTTY-ST-2IP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>* </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 Tecelvar 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: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Date Date	