

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90025 038 ***150.00

DOCUMENT # ~~003000~~118003

1. Entity Name

AA TECH SOLUTIONS, INC.



Principal Place of Business

4325 BLUE HERON DR
PONTE VEDRA BEACH FL 32082

Mailing Address

4325 BLUE HERON DR
PONTE VEDRA BEACH FL 32082

64016000



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1207656

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANTRAM, DALE L
4325 BLUE HERON DR
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name: Dale L. Antram (same)

Street Address (P.O. Box Number is Not Acceptable)
4325 Blue Heron Drive

City: Ponte Vedra Beach FL Zip Code: 32082

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

Dale L. Antram

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, 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 ☐ Delete
NAME: ANTRAM, DALE
STREET ADDRESS: 4325 BLUE HERON DR
CITY-ST-ZIP: PONTE VEDRA BEACH FL 32082

TITLE: D ☐ Delete
NAME: ANTRAM, MARILYN J
STREET ADDRESS: 4325 BLUE HERON DR
CITY-ST-ZIP: PONTE VEDRA BEACH FL 32082

TITLE: D ☐ Delete
NAME: WATSON, TED C
STREET ADDRESS: 8556 N GLENBURY CT
CITY-ST-ZIP: JACKSONVILLE FL 32256-9081

TITLE: D ☐ Delete
NAME: WATSON, JANET L
STREET ADDRESS: 8556 N GLENBURY CT
CITY-ST-ZIP: JACKSONVILLE FL 32256-9081

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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 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:

Dale L. Antram

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 27, 2004

Date

285-1191

Daytime Phone #