

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2005 8:00 am
Secretary of State

08-12-2005 90002 027 ***150.00

DOCUMENT # P04000072706

1. Entity Name
THE THREE A'S FUND CORPORATION



Principal Place of Business
**5201 MOORE ST
SAINT CLOUD, FL 34771-7716**

Mailing Address
**5201 MOORE ST
SAINT CLOUD, FL 34771-7716**

50061274

2. Principal Place of Business

18961 ROSEMARY LA
Suite, Apt. #, etc.

3. Mailing Address

18961 ROSEMARY LA
Suite, Apt. #, etc.



08042005

Chg-P

CR2E034 (10/03)

City & State

KEATON BEACH FL

City & State

KEATON BEACH FL

4. FEI Number

42-1629810

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

**HELMAN, L. PAUL
5201 MOORE ST
SAINT CLOUD, FL 34771-7716**

7. Name and Address of New Registered Agent

Name **FRANK A REED**
Street Address (P.O. Box Number is Not Acceptable)
18961 ROSEMARY LA
KEATON BEACH
City **FL** Zip Code **32347**

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

Frank A Reed

(NOTE: Registered Agent signature required when reinstating)

8-8-05

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **REED, FRANK**
STREET ADDRESS **5201 MOORE ST**
CITY-ST-ZIP **SAINT CLOUD, FL 347717716**

TITLE **D** ☐ Delete
NAME **HELMAN, L. PAUL**
STREET ADDRESS **5201 MOORE ST**
CITY-ST-ZIP **SAINT CLOUD, FL 347717716**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **18961 ROSEMARY LA**
STREET ADDRESS **KEATON BEACH FL 32347**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **18961 ROSEMARY LA**
STREET ADDRESS **KEATON BEACH 32347**
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Frank A Reed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-8-05 850-578-3150
Date Daytime Phone #