

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20042

FILED  
Feb 27, 2007  
Secretary of State

Entity Name: AYRES ASSOCIATES INC

## Current Principal Place of Business:

8875 HIDDEN RIVER PARKWAY  
SUITE 200  
TAMPA, FL 336371035 US

## New Principal Place of Business:

3433 OAKWOOD HILLS PKWY  
EAU CLAIRE, WI 54701 US

## Current Mailing Address:

8875 HIDDEN RIVER PARKWAY  
SUITE 200  
TAMPA, FL 336371035 US

## New Mailing Address:

FEI Number: 39-0965082      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: SCHULTZ, DEAN T  
Address: 2207 WHITE PINE DRIVE  
City-St-Zip: EAU CLAIRE, WI 54701 US

Title: AS ( ) Delete  
Name: STUMM, THOMAS F  
Address: 2934 GREEN VIEW DR  
City-St-Zip: EAU CLAIRE, WI 54703 US

Title: PD ( ) Delete  
Name: QUINN, PATRICK J.,  
Address: 4332 WOODRIDGE DRIVE  
City-St-Zip: EAU CLAIRE, WI 54701 US

Title: D ( ) Delete  
Name: HANCOCK, DAVID,  
Address: 7574 N PINE HARBOR DR  
City-St-Zip: CHIPPEWA FILLS, WI 54729 US

Title: D ( ) Delete  
Name: DINGMANN, DUANE E.,  
Address: RT 6 BOX 215  
City-St-Zip: EAU CLAIRE, WI 54701 US

Title: VD ( ) Delete  
Name: SCHALL, JAMES  
Address: 4333 WESTBROOKE DR  
City-St-Zip: FORT COLLINS, CO 80526 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: KEMP, DAVID K  
Address: 1191 EAGLE POINT DRIV  
City-St-Zip: ST AUGUSTINE, FL 32092 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS F STUMM

AS

02/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date