

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000013453 1. Entity Name AEDO PRODUCTIONS, INC.	
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03122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0394680	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOWARD, ELLEN
1400 CATTLEMAN RD.
SARASOTA, FL 34232

**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 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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000090414
03/17/04-80017-007 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
AEDO, CESAR E
8320 OAKLAND PL
ORLANDO, FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
AEDO, LISA J
8320 OAKLAND PL
ORLANDO, FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
AEDO, LISA J
8320 OAKLAND PL
ORLANDO, FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
AEDO, CESAR E
8320 OAKLAND PL
ORLANDO, FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
AEDO, CESAR E
8320 OAKLAND PL
ORLANDO, FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
AEDO, LISA J
8320 OAKLAND PL
ORLANDO, FL 32819

**DO NOT WRITE
IN THIS SPACE**

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

LISA J. AEDO

3/15/04

Date

407-253-1270

Daytime Phone #