


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P93000013690 1. Entity Name AMERICAN ENTERPRISES MARKETING CORPORATION | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business C/O WILLIAM EBERT 4150 LASALLE DR PALM HARBOR FL 34685 | | | Mailing Address C/O WILLIAM EBERT 4150 LASALLE DR PALM HARBOR FL 34685 US | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State | | City & State | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip | Country | Zip | Country | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | | | | | | | | | | | | | | | | | | | | | |
| EBERT, WILLIAM 4150 LASALLE DR PALM HARBOR FL 34685 | | | | Name | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | City | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>EBERT, JANESE A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4150 LASALLE DR.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PALM HARBOR FL 34685</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div> | | | | | | TITLE | D | <input type="checkbox"/> Delete | NAME | EBERT, JANESE A | | STREET ADDRESS | 4150 LASALLE DR. | | CITY - ST - ZIP | PALM HARBOR FL 34685 | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | |
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MOORE CR2E034 (11/03)

4. FEI Number **59-3168403** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

U00000025341
02/02/04-80100-025 150.00

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: William E Ebert **1/28/04 - 727-424-5308**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #