

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90213 004 \*\*\*150.00

DOCUMENT # P93000055023

1. Entity Name  
A & S RESORT SERVICES, INC.



Principal Place of Business  
15630 MCGREGOR BLVD., #101  
FT. MYERS, FL 33908

Mailing Address  
15630 MCGREGOR BLVD., #101  
FT. MYERS, FL 33908

44044347



2. Principal Place of Business  
15630 McGREGOR Blvd #105  
Suite, Apt. #, etc.

3. Mailing Address  
15630 McGREGOR Blvd #105  
Suite, Apt. #, etc.

04292004 Chg-P CR2E034 (10/03)

City & State  
FT. MYERS, FL  
Zip 33908 Country USA

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FT. MYERS, FL  
Zip 33908 Country USA

4. FEI Number  
65-0424992  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
EDY, WILLIAM T ESQ  
201 NICHOLAS PARKWAY  
CAPE CORAL, FL 33991

7. Name and Address of New Registered Agent  
Name  
Aronoff, Joel  
Street Address (P.O. Box Number is Not Acceptable)  
15630 MCGREGOR Blvd # 105  
City  
Fort Myers FL Zip Code 33908

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 *Joel Aronoff* DATE 4/28/04  
(NOTE: Registered Agent signature required when reinstating.)

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARONOFF, JOEL 15630 MCGREGOR BLVD, #101 FORT MYERS, FL 33908 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOEL ARONOFF 15630 MCGREGOR Blvd # 105 FT. MYERS, FL 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Joel Aronoff* DATE 4/28/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR