

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90134 006 ***150.00

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1. Entity Name
FFVA-AIM, INC.



Principal Place of Business
800 TRAFALGAR COURT
SUITE 200
MAITLAND, FL 32751 US

Mailing Address
P.O. BOX 948239
MAITLAND, FL 32794 US

40045571



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-3223031

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

7. Name and Address of New Registered Agent

HAIR, ALAN E
800 TRAFALGAR COURT
SUITE 200
MAITLAND, FL 32751

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME STUART, MICHAEL J
STREET ADDRESS 4870 RED BRICK RUN
CITY-ST-ZIP SANFORD, FL 32771

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

TITLE ST ☐ Delete
NAME HAIR, ALAN E
STREET ADDRESS 4500 LAKE GEM CIRCLE
CITY-ST-ZIP ORLANDO, FL 32806

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

TITLE C ☒ Delete
NAME DIMARE, TONY
STREET ADDRESS 5715 U.S. 41 NORTH
CITY-ST-ZIP RUSKIN, FL 33570

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

TITLE D ☐ Delete
NAME JOHNS, JR., FRANK
STREET ADDRESS 6245 CR 13 SOUTH
CITY-ST-ZIP HASTINGS, FL 32145

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

TITLE VC ☐ Delete
NAME TAYLOR, R. JAY
STREET ADDRESS 932 5TH AVENUE WEST
CITY-ST-ZIP PALMETTO, FL 34221

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VC ☐ Change ☒ Addition
NAME Mercer, Jim
STREET ADDRESS 3003 Tamiami Trail North #400
CITY-ST-ZIP Naples, FL 34103

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Alan E. Hair

Alan E. Hair

03/20/07

(321) 214-5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #