

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000078178

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**



04072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3223031

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000897767
04/25/08-80061-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STUART, MICHAEL J
STREET ADDRESS	4870 RED BRICK RUN
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	ST
NAME	HAIR, ALAN E
STREET ADDRESS	4500 LAKE GEM CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D
NAME	JOHNS, JR., FRANK
STREET ADDRESS	6245 CR 13 SOUTH
CITY-ST-ZIP	HASTINGS, FL 32145
TITLE	C
NAME	TAYLOR, R. JAY
STREET ADDRESS	932 5TH AVENUE WEST
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	VC
NAME	MERCER, JIM
STREET ADDRESS	3003 TAMIAMI TRAIL NORTH #400
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-08

Date

(321) 214-5200

Daytime Phone #