

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 20, 2004 8:00 am
Secretary of State**

01-20-2004 90068 023 ***150.00

DOCUMENT # P94000027123

1. Entity Name
AA - FLORIDA GULFCOAST RENTALS, INC.



Principal Place of Business
571-B N. US 41 BY PASS
VENICE, FL 34293

Mailing Address
571-B N. US 41 BY PASS
VENICE, FL 34293



2. Principal Place of Business
151 Shamrock Blvd.

3. Mailing Address
151 Shamrock Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Venice, FL

City & State
Venice, FL

Zip
34293

Zip
34293

Country

4. FEI Number
65-0481524

Applied For
Not Applicable

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

MORRISON, RONALD W
3209 GALIOT ROAD
VENICE, FL 34293

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, 2004 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 DP Delete
NAME MORRISON, RONALD W
STREET ADDRESS 3208 GALLOT RD
CITY-ST-ZIP VENICE, FL

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

*D P MORRISON RONALD W
751 SHAMROCK BL
VENICE FL 34293* Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:

Ronald W. Morrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/04 941-497-5000
Date Daytime Phone #

Ronald W. Morrison