

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000026630

1. Entity Name
AUNT E'S MANAGEMENT COMPANY



Principal Place of Business
**202 HEATHERPOINT DRIVE
LAKELAND, FL 33809**

Mailing Address
**202 HEATHERPOINT DRIVE
LAKELAND, FL 33809**



05282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3370707

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TRISSEL, RONALD L
202 HEATHERPOINT DRIVE
LAKELAND, FL 33809**

**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 re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
TRISSEL, RONALD L
202 HEATHERPOINT DRIVE
LAKELAND, FL 33809**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
TRISSEL, BARBARA J
202 HEATHERPOINT DRIVE
LAKELAND, FL 33809**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
YORK, DAVID
2206 FREDERICA ST
OWENSBORO, KY 42301**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000161875
06/01/04-80004-017 158.75

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IN THIS SPACE**

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 L. Trissel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/04 *863 859-4535*
Date Daytime Phone #