

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90015 040 ***150.00

DOCUMENT # P97000004919

1. Entity Name

ALL AMERICAN ENTERPRISES OF TAMPA BAY, INC.



Principal Place of Business

20 POOLE PLACE
OLDSMAR FL 35677
US

Mailing Address

20 POOLE PLACE
OLDSMAR FL 34677
US

2. Principal Place of Business

Lot 404

Suite, Apt. #, etc.

3113 ST. Rd. 580

City & State

Safety Harbor

Zip

Florida

Country

Pineellas

3. Mailing Address

Lot 404

Suite, Apt. #, etc.

3113 ST. Rd. 580

City & State

Safety Harbor

Zip

Florida

Country

Pineellas



MOORE

CR2E034 (4/04)

4. FEI Number

59-3420053

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWEDER, MARY M
20 POOLE PLACE
OLDSMAR FL 34677

7. Name and Address of New Registered Agent

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

Mary M. Sweder v. Mary M. Sweder

(NOTE: Registered Agent signature required when reinstating)

DATE

8-28-04

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SWEDER, ALBERT W.
STREET ADDRESS 20 POOLE PLACE
CITY-ST-ZIP OLDSMAR FL 34677

TITLE V ☐ Delete
NAME SWEDER, MARY M.
STREET ADDRESS 20 POOLE PLACE
CITY-ST-ZIP OLDSMAR FL 34677

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-28-04 727-688-9754