


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000004509 1. Entity Name AARP PRODUCTS AND SERVICES INC.	
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Principal Place of Business 1229 SADDLEBACK RIDGE RD APOPKA, FL 32703	Mailing Address 2938 APOPKA BLV APOPKA, FL 32703
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DO NOT WRITE IN THIS SPACE



09242004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3488263	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOTT, DAVID A 585 GASLINE RD DELAND, FL 32724	DO NOT WRITE IN THIS SPACE
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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 \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000172572 09/29/04 00001 015 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOTT, DAVID 585 GASLINE RD DELAND, FL 32705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POWERS, KEITH 1229 SADDLEBACK RIDGE RD APOPKA, FL 32703
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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:  **9/24/04 407 814 8492**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #