


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90128 028 ***150.00

DOCUMENT # P98000024733	
1. Entity Name AMERICAN ALLIANCE SERVICE CENTER, INC.	

Principal Place of Business 2536 COUNTRYSIDE BLVD. SIXTH FLOOR CLEARWATER, FL 33763	Mailing Address 2536 COUNTRYSIDE BLVD. SIXTH FLOOR CLEARWATER, FL 33763
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04152004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3653921	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 SHATANOFF, ROBERT HARRY 2536 COUNTRYSIDE BLVD. 6TH FLOOR CLEARWATER, FL 34623	7. Name and Address of New Registered Agent Name: <u>HEATHER NORTH</u> Street Address (P.O. Box Number is Not Acceptable): <u>2536 COUNTRYSIDE BLVD</u> <u>6TH FLOOR</u> City: <u>CLEARWATER</u> FL <u>33763</u>
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8. The above named entity is the obligations of <u>Heather North</u> Signature: <u>Heather North</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>APR 21 2004</u>	its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YORK, CHRISTOPHER 2536 COUNTRYSIDE BLVD, 6TH FL CLEARWATER, FL 34623 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENNETH WAYNE BOESCH III 2536 COUNTRYSIDE BLVD. 6TH FL. CLEARWATER FL 33763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Kenneth Wayne Boesch III</u> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <u>APR 21 2004</u> Daytime Phone #: <u>(727) 726-0726</u>