

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000027752

1. Entity Name

AAA-TWO-WAY, INCORPORATED



Principal Place of Business

P.O. BOX 1142
GENEVA FL 32732

Mailing Address

P.O. BOX 1142
GENEVA FL 32732

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3504823

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOUNTAIN, DENNIS F
815 ORIENTA AVE, SUITE 5
ALTAMONTE SPRINGS FL 32701

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

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May C-
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	P WISDOM, AVERY P	☐ Delete
STREET ADDRESS	2030 PLEASANT PT RD	
CITY- ST- ZIP	GENEVA FL 32732	
TITLE NAME	ST POOLE, CAROLYN	☐ Delete
STREET ADDRESS	2030 PLEASANT PT RD	
CITY- ST- ZIP	GENEVA FL 32732	
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Carolyn Poole Carolyn Poole

2-2-06

407-349-1441