

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90052 040 \*\*\*158.75

DOCUMENT # P98000027752

1. Entity Name  
**AAA-TWO-WAY, INCORPORATED**



Principal Place of Business      Mailing Address  
P.O. BOX 1142                              P.O. BOX 1142  
GENEVA FL 32732                              GENEVA FL 32732



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.                              Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/06)

City & State                              City & State

4. FEI Number **59-3504823**       Applied For  
 Not Applicable

Zip      Country                              Zip      Country

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent (required when reinstating)      Registered Agent signature (required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
P WISDOM, AVERY P	2030 PLEASANT PT RD	GENEVA FL 32732	<input type="checkbox"/>
ST POOLE, CAROLYN	2030 PLEASANT PT RD	GENEVA FL 32732	<input type="checkbox"/>
NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST CAROLYN POOLE WISDOM	2030 PLEASANT POINT RD	GENEVA FL 32732	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 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 Wisdom  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-2007  
Date

407-349-1441  
Justing Price #