

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000000006

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: AARO RETAIL SYSTEMS, INC.

**Current Principal Place of Business:**

5020 BRIDGE PORT DR.  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 853  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

FEI Number: 59-3314933      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAMONICA, THOMAS P  
5020BRIDGEPORT DR  
SAFETY HARBOR, FL 34695      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: LAMONICA, JOSEPH S JR.  
Address: 5020 BRIDGEPORT DR.  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D      ( ) Delete  
Name: LAMONICA, THOMAS P  
Address: 2008 DOVER COURT  
City-St-Zip: OLDSMAR, FL 34677

Title: D      ( ) Delete  
Name: LAMONICA, JOSEPH S III  
Address: 3337 MALORY CIR NW  
City-St-Zip: CANTON, OH 44708

Title: D      ( ) Delete  
Name: LA MONICA, JOHN S  
Address: 4526 HONEYSUCKLE DR  
City-St-Zip: CANTON, OH 44720

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS LAMONICA

GM

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date