

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000048350

1. Entity Name
AARONS COMPLETE TOTAL SERVICES, ENT., INC.



Principal Place of Business
**15211 ST. RD. 64 E.
BRADENTON, FL 34202**

Mailing Address
**15211 ST. RD. 64 E.
BRADENTON, FL 34202**



07272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0735305

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**AARON, STEPHEN P
15211 ST. RD. 64 E.
BRADENTON, FL 34202**

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	AARON, STEPHEN P
STREET ADDRESS	15211 ST. RD. 64 E.
CITY - ST - ZIP	BRADENTON, FL 34202
TITLE	DST
NAME	AARON, PATRICIA J
STREET ADDRESS	15211 ST. RD. 64 E.
CITY - ST - ZIP	BRADENTON, FL 34202
TITLE	VP
NAME	DUSTIN AARON, STEPHEN
STREET ADDRESS	15111 STATE RD 64E
CITY - ST - ZIP	BRADENTON, FL 34212
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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07/29/05-80001-016 150.00

**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)(f), 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: *Stephen P. Aaron* **Stephen P. Aaron**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-27-05

Date

941-746-9084

Daytime Phone #