

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000052985

FILED
Mar 07, 2004
Secretary of State

Entity Name: AINSLEY BINNICKER, INC.

Current Principal Place of Business:

1897 GALLOP ROAD
LOXAHATCHEE, FL 33470

New Principal Place of Business:

11 PERRIWINKLE DR
SEWALL'S POINT, FL 34996

Current Mailing Address:

1897 GALLOP ROAD
LOXAHATCHEE, FL 33470

New Mailing Address:

11 PERRIWINKLE DR
SEWALL'S POINT, FL 34996

FEI Number: 65-0929081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BINNICKER, WILLIAM F
1897 GALLOP ROAD
LOXAHATCHEE, FL 33470

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: V () Delete
Name: BINNICKER, WILLIAM JR
Address: 1897 GALLOP ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: P () Delete
Name: BINNICKER, BONNIE B
Address: 1897 GALLOP ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: T (X) Delete
Name: BINNICKER, WILLIAM
Address: 1897 GALLOP ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: S (X) Delete
Name: BINNICKER, BONNIE B
Address: 1897 GALLOP ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPST (X) Change () Addition
Name: BINNICKER, WILLIAM JR
Address: 11 PERRIWINKLE DR
City-St-Zip: SEWALL'S POINT, FL 34996

Title: P (X) Change () Addition
Name: BINNICKER, BONNIE B
Address: 11 PERRIWINKLE DR
City-St-Zip: SEWALL'S POINT, FL 34996

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 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 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: WILLIAM BINNICKER

VP

03/07/2004

Electronic Signature of Signing Officer or Director

Date