# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000052985

Entity Name: AINSLEY BINNICKER, INC.

## FILED Mar 07, 2004 Secretary of State

1897 GALLOP ROAD 11 PERRIWINKLE DR

LOXAHATCHEE, FL 33470 SEWALL'S POINT, FL 34996

**Current Mailing Address: New Mailing Address:** 

1897 GALLOP ROAD 11 PERRIWINKLE DR

LOXAHATCHEE, FL 33470 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: Name and Address of New Registered Agent:

BINNICKER, WILLIAM F 1897 GALLÓP ROAD LOXAHATCHEE, FL 33470

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:**

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: VPST (X) Change ( ) Addition BINNICKER, WILLIAM JR Name: Name: BINNICKER, WILLIAM JR 1897 GALLOP ROAD 11 PERRIWINKLE DR Address: Address:

City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: SEWALL'S POINT, FL 34996

Title: Title: (X) Change ( ) Addition () Delete BINNICKER, BONNIE B Name: Name: BINNICKER, BONNIE B 1897 GALLOP ROAD 11 PERRIWINKLE DR Address: Address: LOXAHATCHEE, FL 33470 SEWALL'S POINT, FL 34996 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

BINNICKER, WILLIAM Name: Name: 1897 GALLOP ROAD Address: Address: City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

BINNICKER, BONNIE B Name: Name: Address: 1897 GALLOP ROAD Address: City-St-Zip: LOXAHATCHEE, FL 33470 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.

VΡ SIGNATURE: WILLIAM BINNICKER 03/07/2004