

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90073 006 ***150.00

DOCUMENT # P99000065132

1. Entity Name
AAB BUSINESS VENTURES, INC.



Principal Place of Business

1241 SE 15TH ST
OCALA, FL 34471

Mailing Address

1000 9TH ST NORTH
SUITE 502
NAPLES, FL 34102

00000043



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1001326

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOLCHER, MAX A
1000 9TH ST. N.,
SUITE 502
NAPLES, FL 34103

**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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BROWN, ANNIE A
STREET ADDRESS	1241 SE 15 st 705 ST. ANDREWS BLVD. Ocala, FL 34471
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	S
NAME	BROWN, C. MITCH
STREET ADDRESS	1241 SE 15 st 705 ST. ANDREWS BLVD. Ocala, FL 34471
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	T
NAME	HOLCHER, MAX A
STREET ADDRESS	1000 9 STREET NORTH SUITE 502
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(i), 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: Annie A. Brown Annie A. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/05 239-649-7227