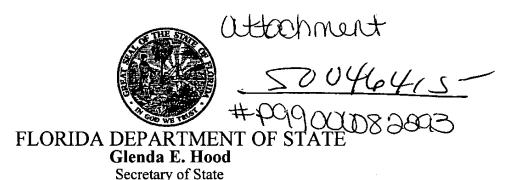
2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 02, 2005 8:00 am Secretary of State **DOCUMENT # P99000082293** 03-24-2005 90038 017 \*\*\*105.00 1. Entity Name 05-02-2005 90538 036 \*\*\*\*45.00 AYMLESS, INC. Principal Place of Business Mailing Address 50046415 4803 GULF BLVD ST. PETERSBURG BEACH FL 33706 4803 GULF BLVD. ST. PETERSBURG BEACH FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE 4. FEI Number Applied For City & State City & State 59-2320402 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOUGHRY, AMY Street Address (P.O. Box Number is Not Acceptable) 102 19TH AVE ST. PETERSBURG BEACH FL 33706 City Zip Code 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 regis SIGNATURE have of resistered agent and tale if applicable (NOTE: Registered Agent aignéture required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. IITLE ☐ Delet# TITLE Addition LOUGHERY, AMY MAME NAME STREET ADDRESS 102 19TH AVE STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33706 CITY-ST-ZIP TITLE ☐ Deteta TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-71P Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P TITLE Delete TITLE ☐ Change ☐ Addillon NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ampowered 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 addless, with all other like empowered. SIGNATURE: OF SIGNING OFFICER OR DIRECTOR Daytme Phone #

**FILED** 



March 30, 2005

AYMLESS, INC. 4803 GULF BLVD ST. PETERSBURG BEACH, FL 33706

Subject: AYMLESS, INC.

Reference Number:

P99000082293

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$105.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$45.00.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LA ANNUAL REPORTS SECTION