

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000096673

1. Entity Name  
AA AA APIAN STING OPERATION, INC.



Principal Place of Business  
10867 COUNTRY HAVEN DR.  
LAKELAND, FL 33809

Mailing Address  
10867 COUNTRY HAVEN DR.  
LAKELAND, FL 33809

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08172008

Chg-P

CR2E034 (12/06)

4. FEI Number  
59-3615589

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ACCOUNTING TAX AND FINANCIAL SERVICES INC  
510 MARCUM ROAD  
LAKELAND, FL 33809

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME MILLS, RAYMOND F  
STREET ADDRESS 10867 COUNTRY HAVEN DR.  
CITY-ST-ZIP LAKELAND, FL 33809

TITLE VD ☐ Delete  
NAME MILLS, DELORES D  
STREET ADDRESS 10867 COUNTRY HAVEN DR.  
CITY-ST-ZIP LAKELAND, FL 33809

TITLE STD ☒ Delete  
NAME MILLS, DAVID F  
STREET ADDRESS 10867 COUNTRY HAVEN DR.  
CITY-ST-ZIP LAKELAND, FL 33809

TITLE VD ☒ Delete  
NAME MILLS, TITUS U  
STREET ADDRESS 1846 SALEM RD.  
CITY-ST-ZIP LAKELAND, FL 33810

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 400134945924  
CITY-ST-ZIP 08/26/08--01005--004 \*\*\$61.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*David F Mills* 8-17-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863-858-7437

FILED  
2008 AUG 21 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JD 222

