


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000102725</b> 1. Entity Name <b>ADVANCED AUTOMOTIVE ADVERTISING, INC.</b>	
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Principal Place of Business <b>5420 W CYPRESS ST TAMPA, FL 33607</b>	Mailing Address <b>5420 W CYPRESS ST TAMPA, FL 33607</b>
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01092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3629845</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**TOWNSEND, DAVID A  
608 W HORATIO ST  
TAMPA, FL 33606-2228**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000035353 02/06/04-80014-019 158.75</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REAM, KELLY P 5420 W CYPRESS ST TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REAM, GERALD L 5420 W CYPRESS ST TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REAM, JOAN A 5420 CYPRESS ST. TAMPA, FL 33607
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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: Joan A. Ream, V.P. Date: 01/12/04 Daytime Phone #: 813-490-4636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Joan A. Ream