

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 29, 2005 08:00 AM -**  
**Secretary of State**

**DOCUMENT # P99000102725**

1. Entity Name  
**ADVANCED AUTOMOTIVE ADVERTISING, INC.**



Principal Place of Business  
**5420 W CYPRESS ST  
TAMPA, FL 33607**

Mailing Address  
**5420 W CYPRESS ST  
TAMPA, FL 33607**



07252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3629845**

Applied For  
Not Applicable

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

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME REAM, KELLY P  
STREET ADDRESS 5420 W CYPRESS ST  
CITY - ST - ZIP TAMPA, FL 33607

TITLE ST  
NAME REAM, GERALD L  
STREET ADDRESS 5420 W CYPRESS ST  
CITY - ST - ZIP TAMPA, FL 33607

TITLE VP  
NAME REAM, JOAN A  
STREET ADDRESS 5420 CYPRESS ST.  
CITY - ST - ZIP TAMPA, FL 33607

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1100000374946  
07/29/05-80004-011 158.75

**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 19.07(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.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/27/05 (813) 490-4636  
Date Daytime Phone # X249