

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90005 015 ***150.00

DOCUMENT # S87451

1. Entity Name

AAAA ADVERTISING AGENCY, INC.



Principal Place of Business

1018 SOUTH BYPASS
US 41
VENICE FL 34292

Mailing Address

P O BOX 2288
NOKOMIS FL 34274

J4U10UJD



MOORE

CR2E034 (11/03)

2. Principal Place of Business

1030 South Bypass

Suite, Apt. #, etc.

US 41

3. Mailing Address

Suite, Apt. #, etc.

City & State

Venice FL

City & State

Zip

34292

Country

USA

Zip

Country

4. FEI Number

65-0302933

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BATES, DOROTHY A
1018 S BYPASS US 41
VENICE FL 34292

7. Name and Address of New Registered Agent

Name Bates, Dorothy A.
Street Address (P.O. Box Number is Not Acceptable)
1030 S. Bypass US 41
City Venice FL 34292

*Just address
change*

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

Dorothy A. Bates

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-27-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VPD ☐ Delete
NAME BATES, FRANK
STREET ADDRESS P O BOX 2288
CITY-ST-ZIP NOKOMIS FL 34274

TITLE P ☐ Delete
NAME BATES, DOROTHY A
STREET ADDRESS P O BOX 2288
CITY-ST-ZIP NOKOMIS FL 34274

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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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 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:

Dorothy A. Bates Dorothy A. Bates 2-27-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

941-485-2542