

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90330 041 ***150.00

DOCUMENT # V20515 1. Entity Name A.A.R., INC.			
Principal Place of Business 1486 FAIRWAY CIR WEST PALM BEACH, FL 33413		Mailing Address 1486 FAIRWAY CIR WEST PALM BEACH, FL 33413	
2. Principal Place of Business - No P.O. Box # 197 FALLING SHOALS DR.		3. Mailing Address 197 FALLING SHOALS DR.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State ATHENS, GA		City & State ATHENS, GA	
Zip 30605		Zip 30605	
Country CLARKE		Country CLARKE	
4. FEI Number 65-0315761		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, TULLIETTA 1486 FAIRWAY CIR WEST PALM BEACH, FL 33413		7. Name and Address of New Registered Agent Name Michael Ott Street Address (P.O. Box Number is Not Acceptable) 2604 Maple Road Dr 1000 City WPB, FL Zip Code 32415	
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 Michael Ott <i>Michael Ott</i> 4/10/07 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD WILSON, TULLIETTA 1486 FAIRWAY CIRCLE WEST PALM BEACH, FL 33413 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD 197 FALLING SHOALS DR. ATHENS, GA 30605 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD WILSON, LESLIE 1486 FAIRWAY CIRCLE WEST PALM BEACH, FL 33413 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD 197 FALLING SHOALS DR ATHENS, GA 30605 ☐ Change ☐ Addition
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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: <i>Tullietta Wilson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/10/07 706-296-4990 Date Daytime Phone #	