


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # J89542**  
 1. Entity Name  
 AAA TRADECENTER, INC.



Principal Place of Business: 42160 US HIGHWAY 19 NORTH #31 TARPON SPRINGS, FL 34689 US  
 Mailing Address: 5117 CR 316 A BUSHNELL, FL 33513 US



01192004 No Chg-P CR2E034 (10/03)  
 4. FEI Number: 59-2840335 Applied For: Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
 ELLIOTT, LINDA A.  
 5117 CR 316 A  
 BUSHNELL, FL 33513

**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: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**  
 9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  
 UDDDD00118117 04/19/04-80047-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSV
NAME	ELLIOTT, LINDA A.
STREET ADDRESS	5117 CR 316 A
CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE	D
NAME	SCHEID, NORMAN W.
STREET ADDRESS	3024 ARBOR OAKS DRIVE
CITY-ST-ZIP	TARPON SPRINGS, FL
TITLE	D
NAME	SCHEID, VIOLA M.
STREET ADDRESS	3024 ARBOR OAKS DRIVE
CITY-ST-ZIP	TARPON SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda A. Elliott* / Linda A. Elliott 4/14/04