

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 643498

FILED
Jan 12, 2005
Secretary of State

Entity Name: AMERICAN GOVERNMENT SERVICES CORPORATION

Current Principal Place of Business:

3812 WEST LINEBAUGH AVENUE
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

3812 WEST LINEBAUGH AVENUE
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 59-2346160 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITWORTH, GRANT
3812 W.LINEBAUGH AVE
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MANNING, KAREN
Address: 3812 W LINEBAUGH AVE
City-St-Zip: TAMPA, FL 33618

Title: SRVP () Delete
Name: MEHL, TAMMY
Address: 3812 W LINEBAUGH AVE
City-St-Zip: TAMPA, FL 33618

Title: SRVP () Delete
Name: MCALEESE, WENDI
Address: 3812 W LINEBAUGH AVE
City-St-Zip: TAMPA, FL 33618

Title: EVP () Delete
Name: WHITWORTH, GRANT
Address: 3812 W LINEBAUGH AVE
City-St-Zip: TAMPA, FL 33618

Title: S () Delete
Name: WHITLOCK, KRYSTAL
Address: 3812 W LINEBAUGH AVE
City-St-Zip: TAMPA, FL 33618

Title: T () Delete
Name: WHITLOCK, KRYSTAL
Address: 3812 W LINEBAUGH AVE
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN MANNING

P

01/12/2005

Electronic Signature of Signing Officer or Director

_____ Date