

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F58870

FILED  
May 02, 2008  
Secretary of State

Entity Name: AMBS FOLIAGE, INC.

**Current Principal Place of Business:**

363 WEST LESTER ROAD  
APOPKA, FL 32712 US

**New Principal Place of Business:**

**Current Mailing Address:**

363 WEST LESTER ROAD  
APOPKA, FL 32712 US

**New Mailing Address:**

FEI Number: 59-2157322      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AMBS, CLARK L.  
363 WEST LESTER ROAD  
APOPKA, FL 32712 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: AMBS, CLARK L,  
Address: 363 W LESTER ROAD  
City-St-Zip: APOPKA, FL 32712

Title: SD ( ) Delete  
Name: AMBS, MELANIE W,  
Address: 363 W LESTER ROAD  
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 exemption stated 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 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: CLARK L AMBS

DP

05/02/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date