

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F58870

Entity Name: AMBS FOLIAGE, INC.

FILED
Apr 30, 2009
Secretary of State

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

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

04/30/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date