

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F58870

FILED  
Feb 18, 2011  
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 (X)

**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:**

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

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: CLARK L AMBS

02/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: CLARK L AMBS

DP

02/18/2011

Electronic Signature of Signing Officer or Director

Date