

2004 FOR PROFIT CORPORATION ANNUAL REPORT


5/3/20

FILED
Aug 09, 2004 8:00 am
Secretary of State

05-03-2004 91030 012 ***158.75

DOCUMENT# F99000001138

1. Entity Name
A.M.E., SERVICES, INC.



Principal Place of Business
**23 BARRECA STREET
 NORCO, LA 70079 US**

Mailing Address
**P O BOX 397
 NORCO, LA 70079 US**

DO NOT WRITE IN THIS SPACE



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number
72-1297872

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

B. Name and Address of Current Registered Agent

**SMITH, ARTHUR
 118 FERRY ROAD NE
 FORT WALTON BEACH, FL- 32548**

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 *Arthur Smith*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOLIERE, BURNELL 500 ORMOND BLVD. DESTIEHAN, LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHATMAN, EDWARD 7 ROSEDOWN LANE DESTREHAN, LA 70079
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WESTON, HERMAN 265 VILLERE DR. DESTIEHAN, LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPOP SMITH, ARTHUR 118 FERRY ROAD N.E. FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Burnell Molier* **7/30/04** (504) 712-3211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 14, 2004

A.M.E., SERVICES, INC.
P O BOX 397
NORCO, LA 70079 US

Subject: A.M.E., SERVICES, INC.

Reference Number: F99000001138

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RH
ANNUAL REPORTS SECTION