

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000051756

Entity Name: AMP OF MANATEE, INC.

FILED
Apr 11, 2008
Secretary of State

Current Principal Place of Business:

7100 SUNSHINE SKYWAY LN. S. #405
ST. PETERSBURG, FL 33711

New Principal Place of Business:

3292 BUCKHORN DR.
CLEARWATER, FL 33761

Current Mailing Address:

7100 SUNSHINE SKYWAY LN. S. #405
ST. PETERSBURG, FL 33711

New Mailing Address:

3292 BUCKHORN DR.
CLEARWATER, FL 33761

FEI Number: 02-0614870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXHIMER, AMY
7100 SUNSHINE SKYWAY LN. S. #405
ST. PETERSBURG, FL 33711 US

Name and Address of New Registered Agent:

MAXHIMER, AMY
3292 BUCKHORN DR.
CLEARWATER, FL 33761 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:

04/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAXHIMER, AMY
Address: 7100 SUNSHINE SKYWAY LN. S. #405
City-St-Zip: ST. PETERSBURG, FL 33711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAXHIMER, AMY
Address: 3292 BUCKHORN DR.
City-St-Zip: CLEARWATER, FL 33761

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: AMY MAXHIMER

P

04/11/2008

Electronic Signature of Signing Officer or Director

Date