

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90342 049 ***150.00

DOCUMENT # P04000157331

1. Entity Name
**AMERICAN OVERSEAS MANAGEMENT AND
ADMINISTRATION CORPORATION**



Principal Place of Business
**700 11TH STREET S PH 2
NAPLES, FL 34102**

Mailing Address
**700 11TH STREET S PH 2
NAPLES, FL 34102**

60028752



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number
56-2492454

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ABLE ADVISORY INC
700 11TH STREET S PH 2
NAPLES, FL 34102**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
ABLE, ANTHONY
696 PARTRIDGE CT
MARCO ISLAND, FL 34145**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BRANSTON, CHRIS
6618 ILEX CIRCLE
NAPLES, FL 34109**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MORRISON, CANDACE
4710 15TH AVE SW
NAPLES, FL 34116**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY ABLE - mgt - President

Date

4-18-06

Daytime Phone #

239-430-4310