


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90222 005 \*\*\*150.00

**DOCUMENT # P05000060061**

1. Entity Name  
**A. M. S. SCREENING, INC.**



Principal Place of Business  
**4601 E. HIGHWAY 100**  
**BUNNELL, FL 32110 US**

Mailing Address  
**P.O. BOX 1295**  
**BUNNELL, FL 32110 US**

40001117



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04112006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number  
**20-2764353**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

**SORRENTINO, F. ROBERT**  
**4601 E. HIGHWAY 100**  
**BUNNELL, FL 32110**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SORRENTINO, F. ROBERT</b>	
STREET ADDRESS	<b>4601 E. HIGHWAY 100</b>	
CITY-ST-ZIP	<b>BUNNELL, FL 32110</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BALL, MARK A</b>	
STREET ADDRESS	<b>710 SAND HILL ROAD, LOT 1</b>	
CITY-ST-ZIP	<b>ASHEVILLE, NC 28806</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>RASTLE, JOE F</b>	
STREET ADDRESS	<b>126 STARNES COVE ROAD</b>	
CITY-ST-ZIP	<b>ASHEVILLE, NC 28806</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>8 Long Place</b>	
STREET ADDRESS	<b>Palm Coast, FL 32137</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>37A Bunkerview Dr.</b>	
STREET ADDRESS	<b>Palm Coast, FL 32137</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>33 B Bunkerview Dr.</b>	
STREET ADDRESS	<b>Palm Coast, FL 32137</b>	
CITY-ST-ZIP		
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mike Chase</b>	
STREET ADDRESS	<b>174 Park View</b>	
CITY-ST-ZIP	<b>Palm Coast, FL 32164</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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  
**F Robert Sorrentino**

**4-20-06** (386)931-9155  
Date Daytime Phone #