

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000056185

FILED
Feb 05, 2010
Secretary of State

Entity Name: AMS CAPITAL ADVISORS, INC.

Current Principal Place of Business:

10752 DEERWOOD PARK BLVD.S
WATERVIEW II, SUITE 100
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

10752 DEERWOOD PARK BLVD.S
WATERVIEW II, SUITE 100
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 26-2756336 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: SPIAK, JOSEPH A
Address: 10752 DEERWOOD PARK BLVD. S, SUITE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP
Name: DAVALOS, MAURA
Address: 1075 DEERWOOD PARK BLVD. S, SUITE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: SVP
Name: COOPER, JAMES
Address: 1075 DEERWOOD PARK BLVD. S, SUITE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: SVP
Name: SEFTON, JOHN
Address: 1075 DEERWOOD PARK BLVD. S, SUITE 100
City-St-Zip: JACKSONVILLE, FL 32256

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: JOSEPH A. SPIAK

P

02/05/2010

Electronic Signature of Signing Officer or Director

_____ Date