

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000069458

FILED
May 19, 2009
Secretary of State

Entity Name: AMT INSURANCE INC.

Current Principal Place of Business:

6904 ALOMA AVE
WITNTER PARK, FL 32792

New Principal Place of Business:

163 W MORSE BLVD
210
WITNTER PARK, FL 32789

Current Mailing Address:

6904 ALOMA AVE
WITNTER PARK, FL 32792

New Mailing Address:

163 W MORSE BLVD
210
WITNTER PARK, FL 32789

FEI Number: 41-2280878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, MAURICE W
322 E CENTRAL BLVD
1615
ORLANDO, FL 32801 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAMPBELL, MAURICE
Address: 322 E CENTRAL BLVD #1615
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: CAMPBELL, THELMA
Address: 112 KRUGER ST
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MAURICE CAMPBELL

D

05/19/2009

Electronic Signature of Signing Officer or Director

_____ Date