## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K01750

Entity Name: AMENT, INC.

PT ST LUCIE, FL

City-St-Zip:

FILED Apr 27, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 119 NE BRACKEN ROAD PORT ST. LUCIE, FL 349831707 **Current Mailing Address: New Mailing Address:** 651 E 2150 S BOUNTIFUL, UT 84010 FEI Number: 65-0057110 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STENGER, PAUL JOSEPH 597 ARGOSY AVE. PO BOX 7391 PORT ST. LUCIE, FL 34985 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition STENGER, PAUL JOSEPH, Name: Name: 651 E 2150 S Address: Address: City-St-Zip: BOUNTIFUL, UT 84010 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: STENGER, JOSEPH, Name: 597 ARGOSY AVE Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAUL STENGER PD 04/27/2005