

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 15, 2007 08:00 AM
Secretary of State**

DOCUMENT # 244389

1. Entity Name
AMERICAN SYSTEMS, INC.



Principal Place of Business
**7203 FLORIDA AVENUE
TAMPA, FL 33604-4835**

Mailing Address
**7203 FLORIDA AVENUE
TAMPA, FL 33604-4835**



03092007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1154794

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**POTTS, DAVID C.
7203 N. FLORIDA AVE.
TAMPA, FL 33604**

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 renewing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

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	PD POTTS, DAVID C. 7203 N. FLORIDA AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST POTTS, JOE A. 7203 N. FLORIDA AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/26/07-80009-008 150.00

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

3/12/07 813 234-1161
Date Daytime Phone #