2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008
Secretary of State

DOCUMENT# 344395

Entity Name: AMICK & SON INC

Current Principal Place of Business:

3540 5TH AVENUE NORTH
SAINT PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

3540 5TH AVENUE NORTH
SAINT PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 59-1259591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMICK, PHILIP B. J
6145 4TH AVE., N.
ST. PETERSBURG, FL 33710 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: STD ( ) Delete
Name: AMICK, PHILIP B. J
Address: 6145 4TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: PD ( ) Delete
Name: AMICK, ANTOINETTE W.
Address: 140 12TH AVE., N.E.
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: D ( ) Delete
Name: AMICK, JOHN P
Address: 1321 JUNGLE AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: D ( ) Delete
Name: AMICK, AMANDA M
Address: 6145 4TH AVE NORTH
City-St-Zip: ST>PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: AMANDA M. AMICK D 03/25/2008

Electronic Signature of Signing Officer or Director Date