2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 12, 2008 08:00 AM Secretary of State

| ANNUAL REPURI | | | | | _ rep 12, 2000 00:00 | | | |
|---|--|--|--|--|--|--|--|--|
| DOCUMENT # 526651, 1. Entity Name, AMERICE COMPANY, INC. | | | | • | Sec | cretary of Stat | | |
| ON HO | with a comment that the south that the second | TATE 112 14年中央企業を開発されて、11 1年 1 1 1 1 1 | V. L. | Speciality of and a | S. Com and Braine of Marie of Heart Control of the | \$P\$(1) 1. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | |
| Principal Place | MACOLA STREET EE, FL 32304 | US | | | ingrijister) | | | |
| | region of the state of the stat | en e | S 6 - 2 - 36 - 6 - 5 Se - 2 - 5 Sept. | | | | | |
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| er je Ngrafa se | | and the state of t | | 4. FEI Numb 59-172 | | Applied For Not Applicable | | |
| | | 1 3 | 2 | 5. Certificate | of Status Desired | \$8.75 Additional Fee Required | | |
| - | 6. Name and Address of Current Regis | tered Agent | | San the Bar | | and the second of the second o | | |
| MCKENZIE, T. L. 4412 W PENSACOLA ST TALLAHASSEE, FL 32304 | | | Captagle Control Solidaria | IN 7 | | CE IIII (IIII) | | |
| | named entity submits this statement for the p | ourpose of changing its register | l ed office or register | ed agent, or bo | | ` | | |
| the obligations of registered agent. | | | | | | | | |
| SIGNATURE | | | | | | * | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE | | | | | | DATE | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | Election Campaign Finar Trust Fund Contribution. | | .00 May Be ed to Fees | U0000082 02/21/08-80 | 5347 005-014 150.00 | | |
| 10. | OFFICERS AND DIRE | CTORS | and the second | | ing the state of t | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MCKENZIE, MARY LYNN 4412 W PENSACOLA ST TALLAHASSEE, FL | | | and by a g | | | | |
| TITLE NAME | PTD MCKENZIE, T L | | | | to the state of th | | | |
| STREET ADDRESS CITY-ST-ZIP | 4412 W PENSACOLA ST TALLAHASSEE, FL | | ng katabasa Ng kan | SERVER OF | | | | |
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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

7-8-08

Daytime Phone #