

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90066 015 \*\*\*150.00

**DOCUMENT # 591338**

1. Entity Name

**J & B AMOS INVENTORY SERVICES OF FLORIDA, INC.**



Principal Place of Business

**3444 C ROAD  
LOXAHATCHEE FL 33470  
US**

Mailing Address

**3444 C ROAD  
LOXAHATCHEE FL 80  
US**

**50010036**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1859671**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMOS, BOBBIE J  
3444 C ROAD  
LOXAHATCHEE FL 33470**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete  
NAME **AMOS, JIM**  
STREET ADDRESS **6454 HWY 441-SE**  
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **PTDM** ☐ Delete  
NAME **AMOS, BOBBIE**  
STREET ADDRESS **3444 'C' RD**  
CITY-ST-ZIP **LOXAHATCHEE FL 34470**

TITLE **VS** ☒ Delete  
NAME **DEAVY, DEBORAH K**  
STREET ADDRESS **5911 SUNSET BLVD.**  
CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **V Cooper O'dell**  
STREET ADDRESS **3444 C Rd (3444 C Rd.)**  
CITY-ST-ZIP **LOXAHATCHEE, FL 34470**

TITLE ☐ Change ☒ Addition  
NAME **S/T Paula J. Wilson**  
STREET ADDRESS **14104 Wellington Trace**  
CITY-ST-ZIP **Wellington, FL 33414**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Paula J. Wilson* - S/T Paula J. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/05 561-795-7822

Date

Daytime Phone #