

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # 618699

1. Entity Name

AMANDIS ENTERTAINMENT, INC.



Principal Place of Business

5929 SHEPS ISLAND RD.
SARASOTA FL 34241

Mailing Address

5929 SHEPS ISLAND RD.
SARASOTA FL 34241



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State, Apt. #, etc

State, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number **59-1917485**

Applied For
Not Applicable

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

NIELSEN, HELEN A.
5929 SHEPS ISLAND RD.
SARASOTA FL 34241

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 fee, if applicable

NOTE: Registered Agent's signature required when changing agent

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution ☐

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
SD ☐ Delete
NIELSEN, HELEN A
STREET ADDRESS
5929 SHEPS ISLAND RD.
CITY-ST-ZIP
SARASOTA FL

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
100000045902
03/18/08-80009-02201050

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Helen A. Nielsen
H E L E N A N I E L S E N

02/29/08

DATE

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