

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90040 040 ***150.00

DOCUMENT # 633830

1. Entity Name
AMERICAN SOUTH CENTRAL INC.



Principal Place of Business
**4036 EDISON AVE.
FORT MYERS, FL 33916-1830**

Mailing Address
**4036 EDISON AVE.
FORT MYERS, FL 33916-1830**

54015711



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2287678

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

**GEORGE, ROBERT B., JR.
1245 SABAL DRIVE
N. FORT MYERS, FL 33903**

7. Name and Address of New Registered Agent

Name
VINCENT R. AMBROSE JR.
Street Address (P.O. Box Number is Not Acceptable)
5947 SONNET CT
City
N. FT. MYERS FL Zip Code
33903

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

Vincent Ambrose

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

3-4-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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
GEORGE, ROBERT B., JR.
1018 APRIL LNE
N. FT. MYERS, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
GEORGE, ROBERT B., SR.
1245 SABAL DRIVE
N. FT. MYERS, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VINCENT AMBROSE JR.
5947 SONNET CT
N. FT. MYERS, FL 33903** ☐ Change ☒ Addition **PRES.**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**KELLY M AMBROSE
5947 SONNET CT
N. FT. MYERS FL 33903** ☐ Change ☒ Addition **SECA**

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

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

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

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

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:

Vincent Ambrose

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-04 **239-332-2446**