


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90084 046 ***150.00

DOCUMENT # F01000000224 1. Entity Name AMERI-FORCE CRAFT SERVICES, INC.					
Principal Place of Business 9485 REGENCY SQUARE BLVD, STE 340 JACKSONVILLE, FL 32225			Mailing Address 9485 REGENCY SQUARE BLVD, STE 340 JACKSONVILLE, FL 32225		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3684323	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SELF, DONALD R C/O 9485 REGENCY SQUARE BLVD SUITE 340 JACKSONVILLE, FL 32225				7. Name and Address of New Registered Agent 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 <u>Don Self</u> 1/11/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURSO, SEBASTIAN P <input checked="" type="checkbox"/> Delete 9485 REGENCY SQUARE BLVD, STE 340 JACKSONVILLE, FL 32225		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>See Attachment "A"</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SELF, DONALD R <input checked="" type="checkbox"/> Delete 9485 REGENCY SQUARE BLVD, STE 340 JACKSONVILLE, FL 32225		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEENAN, MICHAEL <input checked="" type="checkbox"/> Delete 9485 REGENCY SQUARE BLVD, STE 340 JACKSONVILLE, FL 32225		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>MSA</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/11/08</u> Daytime Phone # <u>904 807 1452</u>		

ATTACHMENT 40008379

#F0100000224

Attachment "A"
Schedule of Officers and Directors
Ameri-Force Craft Services, Inc

Title: P/D
Name: Keenan, Mike
Address: 9485 Regency Square Boulevard, Suite 300
City-ST-Zip: Jacksonville, FL 32225

Title: S/T
Name: Self, Don
Address: 9485 Regency Square Boulevard, Suite 300
City-ST-Zip: Jacksonville, FL 32225

Title: D
Name: Turso, Sal
Address: 9485 Regency Square Boulevard, Suite 300
City-ST-Zip: Jacksonville, FL 32225