

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F01000000230

1. Entity Name
AMA TRANS AM CORPORATION



Principal Place of Business
**2545 MASON OAKS DRIVE
VALRICO, FL 33594**

Mailing Address
**2545 MASON OAKS DRIVE
VALRICO, FL 33594**

FILED
04 AUG 13 PM 12: 51
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2. Principal Place of Business
3433 Lithia Pinecrest Rd
Suite/Apt. #, etc. **303**
City & State **Valrico, Florida**
Zip **33594** Country **USA**

3. Mailing Address
3433 Lithia Pinecrest Rd
Suite/Apt. #, etc. **303**
City & State **Valrico, Florida**
Zip **33594** Country **USA**



08102004 Chg-P CR2E034 (10/03)

4. FEI Number **84-1536751** Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**PHIPPS, MICHELLE
3433 LITHIA PINECREST RD., STE 303
VALRICO, FL 33594**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	CP LOEHR, ALAN 2545 MASON OAKS DRIVE VALRICO, FL 33594 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michelle Phipps 3433 Lithia Pinecrest Road Suite 303 Valrico, FL 33594 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOEHR, LINDA 2545 MASON OAKS DRIVE VALRICO, FL 33594 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500040221125 08/16/04--01071--002 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: Michelle Phipps **Michelle Phipps** **8/10/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #