


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000003402 1. Entity Name FLORIDA AMS HOLDINGS, INC.	
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Principal Place of Business 7606 WEST SANDLAKE ROAD ORLANDO, FL 32819	Mailing Address 7606 WEST SANDLAKE ROAD ORLANDO, FL 32819
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DO NOT WRITE IN THIS SPACE



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number 61-1231698	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HANSEN, TOM
7606 WEST SANDLAKE ROAD
ORLANDO, FL 32819

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROBBINS, LANSDON B 7606 WEST SANDLAKE ROAD ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CALLAHAN, KEVIN M 7606 WEST SANDLAKE ROAD ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SCHWERTLEY, E. WAYNE 7606 WEST SANDLAKE ROAD ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HANSEN, TOM O 7606 WEST SANDLAKE ROAD ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARK, TIM 7606 WEST SANDLAKE ROAD ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOLIGALE, BOB 7606 WEST SANDLAKE ROAD ORLANDO, FL 32819

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04/30/04-80041-021 150.00

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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: Kevin M. Callahan 4/24/04 812-238-4150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #