2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006607

Entity Name: AMOS PRESS, INC.

Address:

City-St-Zip:

947 MAPLE CREST

TROY, OH 45373

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4265 NEW TAMPA HWY STE #3 LAKELAND, FL 33815 **Current Mailing Address: New Mailing Address:** P.O.BOX 4129 SIDNEY, OH 45365 FEI Number: 34-4355690 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NICHOLS, JOHN B NICHOLS, JOHN B 4265 NEW TAMPA HWY STE #3 5111 SHEFFIELD RD LAKELAND, FL 33815 LAKELAND, FL 33813 US 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. SIGNATURE: 04/29/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition AMOS, JOHN E Name: Name: 1181 GAVIN CT Address: Address: City-St-Zip: LAKE FOREST, IL 60045 City-St-Zip: Title: DS Title: (X) Change () Addition () Delete Name: AMOS, JOHN O Name: AMOS, JOHN O 1841 CISCO RD 1841 CISCO RD Address: Address: SIDNEY, OH 45365 SIDNEY, OH 45365 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition DPT () Delete BOYD, BRUCE D BOYD, BRUCE D Name: Name: 15120 KIRK WOOD RD 15120 KIRK WOOD RD Address: Address: City-St-Zip: SIDNEY, OH 45365 City-St-Zip: SIDNEY, OH 45365 Title: () Delete Title: () Change () Addition HAMILTON, STEVEN L Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: STEVE HAMILTON MR 04/29/2009