

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # F92000000235

1. Entity Name
AMDEVCO, INC.



Principal Place of Business

1000 MARKET ST
BLDG 1
PORTSMOUTH, NH 03801 US

Mailing Address

1000 MARKET ST
BLDG 1
PORTSMOUTH, NH 03801 US



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0413659

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CRITCHFIELD, RICHARD H
1001 E. ATLANTIC AVE
DELRAY BEACH, FL 33483

**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 reinstating)

000000014620

05/00/00 80053 020 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BERGER, ANDREW
STREET ADDRESS	1001 E. ATLANTIC AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	V
NAME	WALSH, MARK
STREET ADDRESS	1001 E. ATLANTIC AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	V
NAME	WALSH, MICHAEL
STREET ADDRESS	1001 E. ATLANTIC AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	AS
NAME	CRITCHFIELD, RICHARD H
STREET ADDRESS	1001 E. ATLANTIC AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	S
NAME	KEANE, THOMAS M
STREET ADDRESS	1000 MARKET STREET
CITY-ST-ZIP	PORTSMOUTH, NH 03801
TITLE	V
NAME	ADE, RICHARD C
STREET ADDRESS	1000 MARKET STREET
CITY-ST-ZIP	PORTSMOUTH, NH 03801

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/09

Daytime Phone #

(603)559-2000