


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90101 036 ***150.00

DOCUMENT # F96000000927 1. Entity Name AMERICA'S MONEYLINE, INC.					
Principal Place of Business 4880 COX ROAD GLEN ALLEN, VA 23060			Mailing Address 4880 COX ROAD GLEN ALLEN, VA 23060		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03222005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 54-1785196	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <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, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. See Attached List OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP EASTEP, ROBERT B 4860 COX ROAD, SUITE 300 GLEN ALLEN, VA 23060		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/EVP/CFO EASTEP, ROBERT B. 4860 COX ROAD, SUITE 300 GLEN ALLEN, VA 23060	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO SAWYER, MICHAEL L 4860 COX ROAD, SUITE 300 GLEN ALLEN, VA 23060		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT SEBASTIAN, JENNIFER 4860 COX ROAD, SUIT 300 GLEN ALLEN, VA 23060		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP ELFLEIN, FREDERICK R JR 4880 COX ROAD GLEN ALLEN, VA 23060		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP ADAMDS, BRADLEY D. 4860 COX ROAD, SUITE 300 GLEN ALLEN, VA 23060	
	<input checked="" type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STOWE, DENNIS G 4708 MERCANTILE DR FORT WORTH, TX 76137		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, JAMES V. 4860 COX ROAD, SUITE 300 GLEN ALLEN, VA 23060	
	<input checked="" type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/SV SHEPHERD, RICHARD D 4860 COX ROAD, SUITE 300 GLEN ALLEN, VA 23060		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/GC/S SHEPHERD, RICHARD D. 4860 COX ROAD, SUITE 300 GLEN ALLEN, VA 23060	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" 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: <u>Joyce T. Collins</u> Joyce T. Collins 3/31/05 (804) 967-7061 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					