

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 8:00 am
Secretary of State

07-07-2004 90003 036 ***158.75

DOCUMENT # F99000005514 1. Entity Name AMBIENTI, USA, INC.					
Principal Place of Business 440 FRANKSTON HWY. JACKSONVILLE, TX 75766			Mailing Address 440 FRANKSTON HWY. JACKSONVILLE, TX 75766		
2. Principal Place of Business 440 Frankston Hwy Suite, Apt. #, etc. P.O. Box 1959		3. Mailing Address 440 Frankston Hwy Suite, Apt. #, etc. P.O. Box 1959			
City & State Jacksonville, Tx		City & State Jacksonville, Tx		4. FEI Number 75-1874887	
Zip 75766		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PC NAME MOT, CORNEL STREET ADDRESS P.O. BOX 1959 CITY - ST - ZIP JACKSONVILLE, TX 75766	<input checked="" type="checkbox"/> Delete		TITLE President NAME Cranfill, Todd STREET ADDRESS P.O. Box 1959 CITY - ST - ZIP Jacksonville, TX 75766	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VVC NAME MAYES, GEORGE STREET ADDRESS P.O. BOX 1959 CITY - ST - ZIP JACKSONVILLE, TX 75766	<input checked="" type="checkbox"/> Delete		TITLE Vice President NAME Hall, Timothy STREET ADDRESS P.O. Box 1959 CITY - ST - ZIP Jacksonville, TX 75766	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME MOT, JANIS STREET ADDRESS P.O. BOX 1959 CITY - ST - ZIP JACKSONVILLE, TX 75766	<input checked="" type="checkbox"/> Delete		TITLE Secry / Treas NAME Penn, Ray STREET ADDRESS P.O. Box 1959 CITY - ST - ZIP Jacksonville, Tx 75766	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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:			7/2/2004 903-586-1173		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		