

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000005514

1. Entity Name  
AMBIENT1, USA, INC.



Principal Place of Business  
440 FRANKSTON HWY.  
P.O. BOX 1959  
JACKSONVILLE, TX 75766

Mailing Address  
440 FRANKSTON HWY.  
P.O. BOX 1959  
JACKSONVILLE, TX 75766

FILED

2007 DEC 27 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
75-1874887

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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

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: *Mark Holloway, Asst. Secretary* 400110019774  
09/27/07--01021--019 \*\*200.00  
(NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME CRANFILL, TODD  
STREET ADDRESS P.O. BOX 1959  
CITY-ST-ZIP JACKSONVILLE, TX 75766

TITLE VP  
NAME HALL, TIMOTHY  
STREET ADDRESS P.O. BOX 1959  
CITY-ST-ZIP JACKSONVILLE, TX 75766

TITLE ST  
NAME PENN, RAY  
STREET ADDRESS P.O. BOX 1959  
CITY-ST-ZIP JACKSONVILLE, TX 75766

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

400110019774  
09/27/07--01045--005 \*\*550.00

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

Date

Daytime Phone #

*Todd Cranfill*

9/25/2007 903-586-1173

12/3/07

12/27  
aw