


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # F99000005514	
1. Entity Name AMBIENTI, 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
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02272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-1874887	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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRANFILL, TODD P.O. BOX 1959 JACKSONVILLE, TX 75766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALL, TIMOTHY P.O. BOX 1959 JACKSONVILLE, TX 75766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PENN, RAY P.O. BOX 1959 JACKSONVILLE, TX 75766
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000894859 04/17/08-80061-002 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: 	Secy/Treas	2/27/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #