

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G15606

**FILED**  
**Mar 09, 2005**  
**Secretary of State**

**Entity Name:** AML FORWARDING, INC.

**Current Principal Place of Business:**

233 E. BAY STREET  
1015 BLACKSTONE BUILDING  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

1470 S. THIRD STREET  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

233 E. BAY STREET  
1015 BLACKSTONE BUILDING  
JACKSONVILLE, FL 32202

**New Mailing Address:**

1470 S. THIRD STREET  
JACKSONVILLE BEACH, FL 32250

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PROCTOR, SOL H  
233 E. BAY STREET  
1015 BLACKSTONE BUILDING  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

PROCTOR, SOL H  
1470 S. THIRD STREET  
JACKSONVILLE BEACH, FL 32250 US

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.

SIGNATURE: \_\_\_\_\_ 03/09/2005  
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: PROCTOR, SOL H,  
Address: 233 E. BAY STREET, 1015 BLACKSTONE BLDG.  
City-St-Zip: JACKSONVILLE, FL 32202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: PROCTOR, SOL H,  
Address: 1470 S. THIRD STREET  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SOL H. PROCTOR PSD 03/09/2005  
Electronic Signature of Signing Officer or Director Date