


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G38813</b> 1. Entity Name <b>FAMOUS AMOS SERVICE CORPORATION, INC.</b>	
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Principal Place of Business <b>% B KENNETH RIDGON 2765 CLYDO RD. JACKSONVILLE, FL 32207</b>	Mailing Address <b>% B KENNETH RIDGON 2765 CLYDO RD. JACKSONVILLE, FL 32207</b>
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04172006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1668633**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>RIGDON, B. KENNETH 2765 CLYDO ROAD JACKSONVILLE, FL 32207</b>
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**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 reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO MOISE, EDNA J. 2675 CLYDO RD. JACKSONVILLE, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P RIGDON, B KENNETH 2675 CLYDO RD JACKSONVILLE, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SIMMONS, RENE L 2765 CLYDO RD JACKSONVILLE, FL 32207</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/16/06-80036-024 150.00

**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: *B. Kenneth Ridgon* 4.27.06 904.731.3396  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #