

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

JOB # \_\_\_\_\_  
 APPROVED FILED  
 DATE May 02, 2006 08:00 AM  
 ACCT. # Secretary of State  
 DEPT. # JAN 17 2006  
 DATE POSTED \_\_\_\_\_

**DOCUMENT # J53935**  
 1. Entity Name  
**AMERISEAL, INC.**



Principal Place of Business  
**1275 CR 210 W  
 ST AUGUSTINE FL 32095  
 US**

Mailing Address  
**P.O. BOX 4492  
 ST AUGUSTINE FL 32085  
 US**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number **59-2850793** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CARTER, MELVIN O  
 1275 CR 210 W  
 ST AUGUSTINE FL 32095**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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, 2006 Fee Will Be \$550.00  
 Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CARTER, MELVIN O 1275 CR 210 W ST AUGUSTINE FL 32095	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CARTER, DARREN A 1275 CR 210 W ST AUGUSTINE FL 32095	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARTER, SHERAN 1275 CR 210 W ST AUGUSTINE FL 32095	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemptions contained in Section 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

4-28-06 (904) 826-0191  
 Date Daytime Phone #