2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2007 08:00 A Secretary of State

| DOCUMENT # J80754 1. Entity Name AMBRICO & COMPANY, P.A. | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|
| Principal Place of Business 425 W. COLONIAL DRIVE 305 ORLANDO, FL 32804 US | Mailing Address 425 W. COLONIAL DRIVE 305 ORLANDO, FL 32804 US | | | | | | | | |
| | | | | | | | | | |

SIGNATURE:



| DO NOT WRITE IN THIS SPACE | | ~= | 03242007 | No Chg-P | CR2E034 | 4 (11/05) | | |
|--|--|---|---|---------------------------|------------------------|--------------------|--------------------------------|--|
| | | JE | 4. FEI Number Applied For 59-2818003 Not Applicable | | | | | |
| | | | | 5. Certificate of | of Status Desired | | 8.75 Additional se Required | |
| AMPRICO | 6. Name and Address of Current Regis | tered Agent | | | | | | |
| AMBRICO, VINCENT J. 506 BIANCA CT. ALTAMONTE SPRINGS, FL 32701 | | | DO NOT WRITE IN THIS SPACE | | | | | |
| | named entity submits this statement for the pions of registered agent. | urpose of changing its registere | ed office or registe | red agent, or both | ı, in the State of Flo | rida. I am far | niliar with, and accept | |
| | Signature, typed or printed name of registered agent and title i | (applicable (NOTE Registered | d Agent signature require | d when reinstating) | .= | DATE | | |
| FIL After Ma | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | 9. Election Campaign Finan Trust Fund Contribution. | | .00 May Be ded to Fees | | | | |
| 10. | OFFICERS AND DIREC | TORS | | <u> </u> | | | ., | |
| TITLE NAME Street Address City-St-Zip | D AMBRICO, VINCENT J. 506 BIANCA CT. ALTAMONTE SPRINGS, FL 32701 | | | | | , | | |
| IRLE Name Street address City-St-Zip | | | | | U00 04/04/ | 0006820 07-8007 |)91 72-009 150.00 | |
| TITLE NAME ETREET ADDRECS EXTY-ST-ZIP | | | | DO | NOT W | RITE | | |
| IITLE NAME Street address City-St-Zip | | | | IN T | 'HIS SF | ACE | | |
| IIILE NAME Street address City-St-Zip | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | | | | | , , , | | | |
| 12. I hereby of indicated of the cor | certify that the information supplied with this file on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all | na accurate and that my signati I to execute this report as requir | ure shall have the | same legal effect. | as if made under d | ath that I am | an officer or director 1 | |

Vincent J. Augrico

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR