

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90072 035 ***150.00

DOCUMENT # J97138

1. Entity Name
AMERICAN UNDERGROUND SERVICES, INC.



Principal Place of Business
**340 SW BEACHWAY AVE
PALM CITY, FL 34990 US**

Mailing Address
**340 SW BEACHWAY AVE
PALM CITY, FL 34990 US**

900130--

2. Principal Place of Business - No P.O. Box #
5522 SW RANCHITO ST
Suite, Apt. #, etc.

3. Mailing Address
5522 SW RANCHITO ST
Suite, Apt. #, etc.



04182008 Chg-P CR2E034 (12/06)

City & State
PALM CITY FL

Zip
34990

Country
USA

4. FEI Number
65-0038785

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**SPAOONI, MARK
340 SW BEACHWAY AVE
PALM CITY, FL 34990**

7. Name and Address of New Registered Agent
Name **DAVID CLEVELAND**
Street Address (P.O. Box Number is Not Acceptable)
5522 SW RANCHITO ST
City **PALM CITY** FL **34990**

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 **DAVID CLEVELAND** **4/18/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPADONI, MARK I. 340 SW BEACHWAY AVE PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5522 SW RANCHITO ST PALM CITY FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPADONI, SHEAREEN L. 340 SW BEACHWAY AVE PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5522 SW RANCHITO ST PALM CITY FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. DAVID CLEVELAND 5522 SW RANCHITO ST PALM CITY FL 34990 <input type="checkbox"/> Delete	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"/> Delete	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 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: **DAVID CLEVELAND** **4/18/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

772-781-5286