

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 15, 2006 8:00 am
Secretary of State

06-15-2006 90001 012 ***550.00

DOCUMENT # K98422

1. Entity Name

AMERICAN ONE, INC.
AMERICAN PROPERTIES
RIVERSIDE CHAPEL



Principal Place of Business

1575 DAVIE BLVD
FORT LAUDERDALE FL 33312

Mailing Address

BOX 6222
PO BOX 6222
FT LAUDERDALE FL 33310



2. Principal Place of Business

1515 DAVIE BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0130498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REYNOLDS, THOMAS A

1575 DAVIE BLVD
FT LAUDERDALE FL 33312

Name

Street Address (P.O. Box Number is Not Acceptable)

1515 DAVIE BLVD

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

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
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
PST
REYNOLDS, THOMAS A, 100% Ownership
1575 DAVIE BLVD
FT LAUDERDALE FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
1515 DAVIE BLVD

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
VP
REYNOLDS, FRANCES M
1575 DAVIE BLVD
FT LAUDERDALE FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
1515 DAVIE BLVD

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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:

Thomas A. Reynolds, Pres. **THOMAS A. REYNOLDS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-163-1205