

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90041 037 ****50.00

DOCUMENT # L00000009270

1. Entity Name
 AMS MATERIALS, LLC



Principal Place of Business

1112 KALMIA COURT
 ST. JOHNS COUNTY
 FRUIT COVE, FL 32259

Mailing Address

1112 KALMIA COURT
 ST. JOHNS COUNTY
 FRUIT COVE, FL 32259



07192005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3662047

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, C. RANDOLPH ESQ
 9250 BAYMEADOWS ROAD, SUITE 230
 JACKSONVILLE, FL 32256

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
 Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
 NAME SHAFFER, J. SCOTT
 STREET ADDRESS 1112 KALMIA COURT
 CITY - ST - ZIP FRUIT COVE, FL 32259

TITLE MGRM
 NAME SHAFFER, VIRGINIA
 STREET ADDRESS 1112 KALMIA COURT
 CITY - ST - ZIP FRUIT COVE, FL 32259

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7-20-05 904-238-0944