2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 03, 2007
Secretary of State

DOCUMENT# L00000009270

Entity Name: AMS MATERIALS, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

12443 SAN JOSE BLVD
SUITE 302
JACKSONVILLE, FL 32223

Current Mailing Address:

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

New Mailing Address:

12443 SAN JOSE BLVD
SUITE 302
JACKSONVILLE, FL 32223

FEI Number: 59-3662047 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SHAFFER, J. SCOTT
Address: 1112 KALMIA COURT
City-St-Zip: FRUIT COVE, FL 32259

Title: MGRM ( ) Delete
Name: SHAFFER, VIRGINIA
Address: 1112 KALMIA COURT
City-St-Zip: FRUIT COVE, FL 32259

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN SCOTT SHAFFER PRES 07/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date