

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L09592

FILED  
Jan 25, 2011  
Secretary of State

**Entity Name:** ASSET MANAGEMENT FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

7889 NORTH NEIGE POINT  
CRYSTAL RIVER, FL 34428 US

**New Principal Place of Business:**

**Current Mailing Address:**

7889 NORTH NEIGE POINT  
CRYSTAL RIVER, FL 34428 US

**New Mailing Address:**

FEI Number: 59-2969188

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WIAND, BURTON W.  
3000 BAYPORT DRIVE  
SUITE 600  
TAMPA, FL 33607 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HAND, SAMUEL M.  
Address: 7889 NORTH NEIGE POINT  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: D  
Name: HAND, LYNN W.  
Address: 7889 NORTH NEIGE POINT  
City-St-Zip: CRYSTAL RIVER, FL 34428

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SAMUEL M. HAND

PRES

01/25/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date