


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L17745</b>		
1. Entity Name <b>AMOS' TAVERN, INC.</b>		
Principal Place of Business <b>200 N HWY 17-92 N HAINES CITY, FL 33844 US</b>		Mailing Address <b>402 N 18TH ST HAINES CITY, FL 33844</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		01102008 No Chg-P CR2E034 (11/05)
4. FEI Number <b>59-2965763</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>AMOS, GERALD 200 N. HWY 17-92 HAINES CITY, FL 33844</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	AMOS, GERALD	
STREET ADDRESS	402 N 18 ST	
CITY- ST- ZIP	HAINES CITY, FL	
TITLE	D	
NAME	AMOS, BARBARA ANN	
STREET ADDRESS	402 N 18 ST	
CITY- ST- ZIP	HAINES CITY, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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: <i>Barbara Ann Amos</i>		2/8/08 863-422-5298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #