


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90043 047 \*\*\*150.00

<b>DOCUMENT # L45856</b> 1. Entity Name AMERIPLUS, INC.	
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Principal Place of Business 400 RACE TRACK ROAD OLDSMAR FL 34677 US	Mailing Address PO BOX 1739 OLDSMAR FL 34677 US
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2. Principal Place of Business - No P.O. Box # 535 S. HERCULES AVE	3. Mailing Address 535 S. HERCULES AVE.
Suite, Apt. #, etc. SUITE 201	Suite, Apt. #, etc. SUITE 201

1st MOORE CR2E034 (10/07)

City & State CLEARWATER FL	City & State CLEARWATER, FL	4. FEI Number 59-2986848	Applied For <input type="checkbox"/> Not Applicable
Zip 33764	Country PINELLAS	Zip 33764	Country PINELLAS

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SOROTA, JOSEPH J. JR.  
 28100 US HWY 19 NORTH  
 SUITE 504  
 CLEARWATER FL 33764-2686

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 29750 US Hwy 19 NORTH  
 SUITE 200  
 City CLEARWATER FL Zip Code 33761

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 rechartering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PARKER, WILLIAM L. 1709 FAULDS RD CLEARWATER FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POIRIER, STEVE 526 PONCE DE LEON BLVD. CLEARWATER FL 33756 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, WILLIAM M 710 EASTLAKE DR. TARPON SPRINGS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAVEN L. PARKER POIRIER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 526 PONCE DE LEON BLVD CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  STEVE POIRIER 3/29/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #