

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L45856

FILED  
Jan 05, 2012  
Secretary of State

Entity Name: AMERIPLUS, INC.

**Current Principal Place of Business:**

535 S. HERCULES AVE.  
STE. 201  
CLEARWATER, FL 33764 US

**New Principal Place of Business:**

**Current Mailing Address:**

535 S. HERCULES AVE.  
STE. 201  
CLEARWATER, FL 33764 US

**New Mailing Address:**

FEI Number: 59-2986848      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SOROTA, JOSEPH J JR  
29750 US HWY 19 NORTH  
STE. 200  
CLEARWATER, FL 33761 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: DP  
Name: POIRIER, STEVE  
Address: 526 PONCE DE LEON BLVD.  
City-St-Zip: CLEARWATER, FL 33756

Title: D  
Name: PARKER, WILLIAM M  
Address: 710 EASTLAKE DR.  
City-St-Zip: TARPON SPRINGS, FL

Title: ST  
Name: POIRIER, HAVEN L  
Address: 526 PONCE DE LEON BLVD  
City-St-Zip: CLEARWATER, FL 33756

Title: ST  
Name: POIRIER, HAVEN L  
Address: 526 PONCE DE LEON BLVD  
City-St-Zip: CLEARWATER, FL 33756

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: STEVEN POIRIER

PRES

01/05/2012

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

\_\_\_\_\_ Date