

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M71600**

1. Entity Name  
**AMCO MARKETING COMPANY**



Principal Place of Business  
**10279 N/ CIRCLE LAKE DR.  
202  
BOYNTON BEACH, FL 33437**

Mailing Address  
**PO BOX 741122  
202  
BOYNTON BEACH, FL 33474-1122**



03172008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0034927**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**MORRISON, DALE F.  
309 NORTHEAST FIRST STREET  
DELRAY BEACH, FL 33483**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000927978  
05/21/08-80010-019 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BEAR, STANLEY
STREET ADDRESS	27 BRISTOL LANE
CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	D
NAME	GREENSTONE, JOSEPH H.
STREET ADDRESS	27 BRISTOL LANE
CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-737-9020