2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N93000004447



1. Entity Name AMI LAKELAND, INC.									03-17-200	08 90022	10336	1.25
P.O. BOX 671 5915 B				Address Iated Marine Institutes Benjamin Center Drive 3, FL 33634			1 (Edikal did	16400 HIII 16 40 60 1		II	SANGA EN AKOL	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address												
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				03042008	Chg-NP	CR2	E037 (12/06)	
City & State			Ci	City & State				4. FEI Number Applied For 59-3208084 Not Applicable				• • • • • • • • • • • • • • • • • • • •
Zip	Country		Zij	Zip Cou		intry	5. Certificate of Status Desir			Fee Required		
Name and Address of Current Registered Ag				ed Agent	Nome			7. Name and Address of New Registered Agent				
HULL, DAVID J SMITH, HULSEY & BUSEY 225 WATER STREET, STE 1800 JACKSONVILLE, FL 32202					Name Street Address (P.O. Box Number is Not Acceptable)							
0.10110011				City							Zip Coo	de
8. The above	named entit	ty submits this statement for	or the pure	ose of changing its r	ecistere		register	ed agent, or bot	h in the State o		⁻ L	
	ions of regis		or trio porp	out of thanging no	ogiotore	omoc o	109,000	od agont, or co.	or, ar are eace c	or ronda. T	an rama viin	, and accept
SIGNATURE .	Signature, typed	d or printed name of registered agent	and title if ap	olicable, (NOTE:	Registere	d Agent signati	ure required	when reinstating)		DA	ΤE	
	_	ee is \$61.25 May 1, 2008		9. Election Cam Trust Fund Co			Π.	\$5.00 May B Added to Fees	e		eck payable to partment of S	
10.	Due by N		RECTORS	Trust Fund Co	11.	on.				Florida De	partment of S	N 10
TITLE	Due by N	May 1, 2008 OFFICERS AND DI	RECTORS	Trust Fund Co	11.	on.	P	Added to Fees	ANGES TO OFF	FIORIDA DE	DIRECTORS II	State
	CD WEAVER	May 1, 2008		Trust Fund Co	11. IITLE	on.	P	Added to Fees	ANGES TO OFF	FIORIDA DE	DIRECTORS II	N 10
TITLE NAME	CD WEAVER 5915 BEN	OFFICERS AND DI		Trust Fund Co	11. TITLE NAMI	on.	P	Added to Fees	ANGES TO OFF	FIORIDA DE	DIRECTORS II	N 10
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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 eceiver or postere empowered to execute this report as required by Chapter 617, 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:

REAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 17, 2008 8:00 am Secretary of State