

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90030 001 ***300.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000009248

1. Entity Name
AMER-E-COM DIGITAL CORPORATION



Principal Place of Business

**3320 US HIGHWAY 19
HOLIDAY, FL 34691**

Mailing Address

**8054 WASHINGTON STREET
SUITE 169
PORT RICHEY, FL 34668**

2. Principal Place of Business

8054 WASHINGTON ST

3. Mailing Address

Suite, Apt. #, etc.

Suite 169

Suite, Apt. #, etc.

City & State

PORT RICHEY, FL

City & State

Zip

34668

Country

USA

Zip

Country

01062004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3674559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WESTENBERGER, RICHARD
7414 CHELTNAM COURT
NEW PORT RICHEY, FL 34655**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00**

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
☐ Delete
**P
WESTENBERGER, RICHARD
3320 US HIGHWAY 19
HOLIDAY, FL 34691**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
**VP
BUCKHOLZ, PATRICIA
3320 US HWY 19
HOLIDAY, FL 34691**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**8054 WASHINGTON STREET, SUITE 169
PORT RICHEY, FL 34668**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**8054 WASHINGTON ST., SUITE 169
PORT RICHEY, FL 34668**

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

PATRICIA BUCKHOLZ

1-7-04

727-815-8515