

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000074835

1. Entity Name
APPLIED MEDIA SOLUTIONS, INC.



Principal Place of Business
**PO BOX 551
RIVERVIEW, FL 33568-0551**

Mailing Address
**PO BOX 551
- RIVERVIEW, FL 33568-0551**

DO NOT WRITE IN THIS SPACE



02112006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1030848

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ESQUIVEL, JULIO C ESQ
SHUMAKER LOOP & KENDRICK LLP
101 E KENNEDY BLVD SUITE 2800
TAMPA, FL 33602**

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000443925
03/06/06-80031-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
PATRO, MICHELE A
PO BOX 551
RIVERVIEW, FL 335680551**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LEIGH, BOBBY D JR
PO BOX 551
RIVERVIEW, FL 335680551**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Michele Patro**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/06 8136627364
Date Daytime Phone #