


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000074835</b> 1. Entity Name APPLIED MEDIA SOLUTIONS, INC.	
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Principal Place of Business PO BOX 551 RIVERVIEW, FL 33568-0551	Mailing Address PO BOX 551 RIVERVIEW, FL 33568-0551
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**DO NOT WRITE IN THIS SPACE**



03242008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1030848	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000870243 04/09/09-80082-017 150.00
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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	
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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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** W08e Michele Patro 3/24/08 8136627364  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #