

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90154 007 \*\*\*150.00

**DOCUMENT # P01000008242**

1. Entity Name

AMERICAN AEGIS INSURANCE SERVICES INC



Principal Place of Business

3359 BELVEDERE RD  
SUITE L  
WEST PALM BEACH FL 33409

Mailing Address

PO BOX 6021  
WPB FL 33405

2. Principal Place of Business

516 SUGARLAND HWY

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

CLEWISTON FL

City & State

CLEWISTON FL

4. FEI Number

01-0605277

Applied For

Not Applicable

Zip

33440

Country

FLORIDA

Zip

33440

Country

FLORIDA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAMS, PAUL  
3359 BELVEDERE RD SUITE L  
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name

PAUL SAMS

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

516 SUGARLAND HWY

City

CLEWISTON

FL

Zip Code

33440

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME SAMS, PAUL  
STREET ADDRESS PO BOX 6021  
CITY-ST-ZIP WPB FL 33405

TITLE VD ☐ Delete  
NAME SAMMS, GEOEGE  
STREET ADDRESS PO BOX 6021  
CITY-ST-ZIP WPB FL 33405

TITLE D ☐ Delete  
NAME SAMMS, NORMAN  
STREET ADDRESS PO BOX 6021  
CITY-ST-ZIP WPB FL 33405

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #

4/19/06