

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90312 002 ***150.00

DOCUMENT # P01000027324

1. Entity Name
AMUSANT, INC.



Principal Place of Business
**5420 HICKORY STREET
PANAMA CITY, FL 32404**

Mailing Address
**5420 HICKORY STREET
PANAMA CITY, FL 32404**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03302006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3705247

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SINCLAIR, KATHI
5420 HICKORY STREET
PANAMA CITY, FL 32404**

Name **William V. Winkle**
Street Address (P.O. Box Number is Not Acceptable)

5420 Hickory St.
City **Panama City** **FL** Zip Code **32404**

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

04-04-06

**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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MEEKS, ROBERT
504 WESTERN DRIVE
MOBILE, AL 36607** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3613 St. Andrews Lane East
Mobile, AL 36693** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
MEEKS, JILL B
504 WESTERN DRIVE
MOBILE, AL 36607** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04.04.06

ATTACHMENT

40547699

#P01000027324

FILING INSTRUCTIONS

2006 UNIFORM BUSINESS REPORT (UBR)

NAME: Amusant, Inc.

DUE DATE: May 1, 2006.

REMITTANCE: There is a balance due in the amount of \$150.00. Make your check payable to the "Florida Department of State". If paid after May 1, 2006, the amount due would be \$550.00.

SIGNATURE: Sign and date the return on Page 1. - completion

MAIL TO: Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

OTHER: Initial and date the copy and retain it for your records.