


FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90024 043 ***550.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000027867			
1. Entity Name AMERPOL HOTELS & MOTELS INCORPORATED			
Principal Place of Business 669 MANDALAY AVE CLEARWATER, FL 33767		Mailing Address 669 MANDALAY AVE CLEARWATER, FL 33767	
2. Principal Place of Business 45 SOMERSET		3. Mailing Address 428 S. MINER	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CLEARWATER FL		City & State BENVILLE FL	
Zip 33767		Zip 60106	
Country USA		Country USA	
6. Name and Address of Current Registered Agent BACON, DAVID A ESQ 2959 1ST AVE N ST PETERSBURG, FL 33713		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DVS MAKOWIECKI, MARIA 669 MANDALAY AVE CLEARWATER, FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 45 SOMERSET
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAKOWIECKI, STANLEY 669 MANDALAY AVE CLEARWATER, FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 45 SOMERSET
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Maria Makowiecki</i> MARIA MAKOWIECKI		Date 07-07-06 Daytime Phone # 630-350-9488	