**FILED AM** 

ANNUAL REPORT				Apr 16, 2005 08:00			
1. Entity Nam 8505 ADA	AMO, INC.	07		m fator di Ca	Se		of State
	SHWAY 301 SOUTH	railing Addrass 105 U.S. HIGHWAY 301 SOUTH UNIT E TAMPA, FL 33619	ĺ				
D	OO NOT WRITE I	CE	04132005 No Chg-P CR2E034 (10/03)  4. FEI Number				
	6. Name and Address of Current Regi , ANDREW M HIGHWAY 301 SOUTH L 33619	stered Agent			NOT W		
8. The above the obligat SIGNATURE	named entity submits this statement for the lions of registered agent.  Signature, typed or printed name of registered agent and title		ed office or register			DATE	r with, and accept
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			noing \$5.	.00 May Be led to Fees		0030 <b>99</b> 00 5-80055-02	25 150.00
10.  TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	OFFICERS AND DIRE  D HARROW, ANDREW M 105 U.S. HIGHWAY 301 SOUTH UNI TAMPA, FL 33619  VP HARROW, SUSAN 105 U.S. HIGHWAY 301 SOUTH SUI TAMPA, FL 33619	TE					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE						ilana	
NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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:

CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

4:1405 8136210045
Date Daylino Phone #