

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000028586  
 1. Entity Name  
 A-M-A-S-T, INC.



Principal Place of Business  
 1590 NORTH BROADWAY  
 BARTOW, FL 33830

Mailing Address  
 1590 NORTH BROADWAY  
 BARTOW, FL 33830

**DO NOT WRITE IN THIS SPACE**



07092004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 31-1763451

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 TRAKAS, ANDREW P  
 123 AVENUE C, S.W.  
 WINTER HAVEN, FL

**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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD MASTROMINAS, ANDREAS 475 SHADY LANE BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY ST ZIP	T MASTROMINAS, NIKOLAOS 475 SHADY LANE BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY ST ZIP	S NIKOLAIDES, FAYE E 207 SANTA ROSA DRIVE WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

**DO NOT WRITE IN THIS SPACE**

07/19/04-80016-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 empowerments.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Andy Mastrominas

Date: 7-14-04

Office Phone # \_\_\_\_\_