


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
 1590 NORTH BROADWAY 1590 NORTH BROADWAY
 BARTOW, FL 33830 BARTOW, FL 33830

DO NOT WRITE IN THIS SPACE



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 31-1763451 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

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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: Andreas Mastrominas President 1-15-05
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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

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 01/24/05-80064-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Andreas Mastrominas President 1-15-05 862-533-7060
Signature and typed or printed name of signing officer or director Date Daytime Phone #