

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90691 039 ***150.00

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1. Entity Name

AMERICAN MODEL AND TALENT GROUP, INC.



Principal Place of Business

2611 A SEVILLE BLVD
CLEARWATER FL 33764

Mailing Address

2611 A SEVILLE BLVD
CLEARWATER FL 33764

2. Principal Place of Business

P.O. Box 5467

3. Mailing Address

P.O. Box 5467



MOORE

CR2E034 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3721206

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

Clearwater, FL 33758

City & State

Clearwater, FL 33758

Zip
33758

Country
USA

Zip
33758

Country
USA

6. Name and Address of Current Registered Agent

JOHNSON, L.M.
309 N. DUNCAN AVE
CLEARWATER FL 33755

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

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, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete

NAME YORK, A.G. III
STREET ADDRESS PO BOX 5467
CITY-ST-ZIP CLEARWATER FL 33758

TITLE VP ☒ Delete

NAME JOHNSON, L.M.
STREET ADDRESS 309 N. DUNCAN AVE
CITY-ST-ZIP CLEARWATER FL 33755

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 727-460710
Date Daytime Phone #