

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended Report

DOCUMENT # P01000067507

1. Entity Name
ADMINISTRATE AMERICA, INC.



FILED

07 JUN 11 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1801 HOBBS RD
AUBURNDALE, FL 33823

Mailing Address
1801 HOBBS RD
AUBURNDALE, FL 33823

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06062007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3728438

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEITH, W C
1517 COMMERCIAL PARK DR
LAKE LAND, FL 33801

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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
DP
KNIGHT, JAMES F
105 COVINGTON COVE RD
WINTER HAVEN, FL 33880 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SOPER, JEFFREY G.
1801 HOBBS RD.
AUBURNDALE, FL 33823 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
WILSON, DENNY A
6645 WILLOWS WAY
CUMMINGS, GA 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200104424712
05/15/07--01025--001 **\$61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
RUGGIERI, MARK
1 EAGLES NEST
WINTER HAVEN, FL 33881 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #