2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)				FILED	
DOCUMENT # P01000096379 1. Entity Name				Feb 23, 2004 08:00 AM Secretary of State	[
AMOUN,	INC.				
Principal Place of Business		Mailing Address			
10464 PHILLIPS HWY, STE 204 JACKSONVILLE FL 32256		10464 PHILLIPS HWY, STE 204 JACKSONVILLE FL 32256		L PROPRIES (1) ARBIER (1201) REGIS (2011) REGIS (2012) REGIS (2012) REGIS (2012) REGIS (2012) REGIS (2012) REGIS	-
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)	-
City & State		City & State		4. FEI Number 59-3750863 Applied For Not Applicat	ole
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	_
ABSKHARON, NAGEH Y 10464 PHILLIPS HWY, STE 204 JACKSONVILLE FL 32256		i	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 proted name of registered agent and title 4 applicable. (NOTE, Registered Agent signature required when revoluting) 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. Added to Fees					F
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Additi	OD
NAME	ABSKHARON, NAGEH Y		NAME	U00000063428	
STREET AODRESS City - St - ZIP	10464 PHILLIPS HWY, STE 204 JACKSONVILLE FL 32256		STREET ADDRESS CITY-ST-ZIP	U00000063428 02/23/04-80161-015 150.00	-
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TITLE NAME	LOKA, KAMAL Z	LT resens	TITLE MAME	E custings I would	UH
STREET ADDRESS	10464 PHILLIPS HWY, STE 204		STREET ADDRESS		
CITY-ST-IIP	JACKSONVILLE FL 32256		CITY-S1-ZIP		
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				☐ Change ☐ Additi	ne.
TITLE Name		☐ Delete	TITLE NAME	☐ Change ☐ Additi	ult
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby o	ertify that the information supplied with	this filing does not qualify for	the exemption stated in S	lection 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 and occurate and that my signature shall have the same legal effect as if made under oath; that I am and officer or director of the eccurrence of 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 annowanced.

SIGNATURE:

PHINTED NAME OF

Kamal Z. Loka 2-20-04