

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90049 026 ***150.00

DOCUMENT # P01000110764

1. Entity Name
AMERICAN MAVERICK PRODUCTIONS, INC.



Principal Place of Business

**487 ARCHER LANE
KISSIMMEE, FL 34746**

Mailing Address

**487 ARCHER LANE
KISSIMMEE, FL 34746**

50010275



2. Principal Place of Business

1956 Legacy Cove Drive

3. Mailing Address

1956 Legacy Cove Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272005

Chg-P

CR2E034 (10/03)

City & State

Maitland, FL

City & State

Maitland, FL

4. FEI Number

58-2663789

Applied For

Not Applicable

Zip

32751

Country

USA

Zip

32751

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPILLER, RICHARD J
487 ARCHER LANE
KISSIMMEE, FL 34746**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1956 Legacy Cove Drive

City

Maitland

FL

Zip Code

32751

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

Richard J. Spiller

Richard J. Spiller

01/31/05

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
SPILLER, RICHARD J
487 ARCHER LANE
KISSIMMEE, FL 34746**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1956 Legacy Cove Drive
Maitland, FL 32751**

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

Richard J. Spiller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/05

Date

Daytime Phone #