


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90040 002 ***150.00

DOCUMENT # P02000028954 1. Entity Name AM GROUP PROPERTIES, INC.					
Principal Place of Business 2411 DOG LEG DRIVE SEBRING, FL 33872			Mailing Address 2411 DOG LEG DRIVE SEBRING, FL 33872		
2. Principal Place of Business - No P.O. Box # 239 S. Commerce St. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 5073 Lake Regency Dr <small>Suite, Apt. #, etc.</small>			
City & State Sebring, FL		City & State Sebring FL		4. FEI Number 04-3651476	
Zip 33870		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAPP, MARY C 2411 DOG LEG DRIVE SEBRING, FL 33872			7. Name and Address of New Registered Agent Name Mary C Sapp Street Address (P.O. Box Number is Not Acceptable) 5073 Lake Regency Dr City Sebring FL Zip Code 33875		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	P SAPP, MARY C 2411 DOG LEG DRIVE SEBRING, FL 33872	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5073 Lake Regency Dr. Sebring FL 33875	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAPP, ARLAN D 2411 DOG LEG DRIVE SEBRING, FL 33872	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5073 Lake Regency Dr Sebring FL 33875	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SAPP, JESSICA E 2512 DELWOOD DR. ORLANDO, FL 32806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5073 Lake Regency Dr Sebring FL 33875	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Mary C Sapp <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4.15.08 863.381.4156 <small>Date Daytime Phone #</small>		