

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2005 90090 033 ***150.00

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DOCUMENT # P02000054884 1. Entity Name AMECO REAL ESTATE, INC.			
Principal Place of Business 1716 GARDEN LAKE DRIVE SOUTHEAST WINTER HAVEN, FL 33884		Mailing Address 1716 GARDEN LAKE DRIVE SOUTHEAST WINTER HAVEN, FL 33884	
2. Principal Place of Business 335 MAGNOLIA AVE, S.W.		3. Mailing Address 335 MAGNOLIA AVE, S.W.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State WINTER HAVEN, FL		City & State WINTER HAVEN, FL	
Zip 33880		Zip 33880	
Country 		Country 	
4. FEI Number 03-0448696		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, THOMAS E 325 MAGNOLIA AVE SW WINTER HAVEN, FL 33880		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 335 MAGNOLIA AVE., S.W. 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: 4/27/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	PSTD SMITH, THOMAS E 1716 GARDEN LAKE DRIVE SOUTHEAST WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, ANNA M 1716 GARDEN LAKE DRIVE SOUTHEAST WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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:		4/27/05 863 287-5171	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	