2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 12, 2004 08:00 AM Secretary of State

DOCUMENT	#	P02000061290
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1. Entity Name

AMTEC COMMUNICATIONS, INC.



Principal Place of Business

Mailing Address

960 SPRINGBANK AVENUE ORANGE CITY, FL 32763

960 SPRINGBANK AVENUE ORANGE CITY, FL 32763



01072004

No Chg-P

CR2E034 (10/03)

4. FEI Number 02-0619193

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

MCCOY, JEFFREY PAUL 960 SPRINGBANK AVENUE ORANGE CITY, FL 32763

DO NOT WRITE IN THIS SPACE

			IN THIS STAGE		
	named entity submits this statement for the plans of registered agent.	urpose of changing its registered office or i	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accep	
SIGNATURE	Signature, typed or printed name of registered agent and fille	I applicable {NOTE Registered Agent signature	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150,00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	ÖFFICERS AND DIREC	CTORS	···········		
NAME STREET ADDRESS CITY-ST-ZIP	PST MCCOY, JEFFREY PAUL 960 SPRINGBANK AVENUE ORANGE CITY, FL 32763			U00000003386 01/13/04-80054-011 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCOY, KIMBERLY MARIE 960 SPRINGBANK AVENUE ORANGE CITY, FL 32763			.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCOY, CHARLENE MARIC 960 SPRINGBANK AVENUE ORANGE CITY, FL 32763		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE	
TITLE NAME SYREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

12. Thereby 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:

STREET ADDRESS CITY-ST-ZIP

PED OR PRINTED NAME OF SIL

Frey P Mc Coy 1/7/2004 (386)