06/30/2005 14:34 3865740067 SHINNER AC

2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-07-2005 90003 024 ***150.00
P02000061290

FILED
05 JUL 28 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000061290

1. Entity Name
AMTEC COMMUNICATIONS, INC.

14018177

Principal Place of Business	Mailing Address
~~960 SPRINGBANK AVENUE~~ 1801 Cypress Av ORANGE CITY, FL 32763	~~960 SPRINGBANK AVENUE~~ ORANGE CITY, FL 32763

DO NOT WRITE IN THIS SPACE

06302005 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

MCCOY, JEFFREY PAUL
~~960 SPRINGBANK AVENUE~~ 1801 Cypress Av
ORANGE CITY, FL 32763

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	MCCOY, JEFFREY PAUL
STREET ADDRESS	~~960 SPRINGBANK AVENUE~~ 1801 Cypress Av
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	VD
NAME	MCCOY, KIMBERLY MARIE
STREET ADDRESS	~~960 SPRINGBANK AVENUE~~ 1801 Cypress Av
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	S
NAME	~~MCCOY~~, CHARLENE MARIE MARTIN
STREET ADDRESS	~~960 SPRINGBANK AVENUE~~ 1801 Cypress Av
CITY-ST-ZIP	ORANGE CITY, FL 32763 (MALA-S)
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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7/28/05

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: _____ 6/30/2005 (386) 775-8432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #