

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90019 035 ***150.00

DOCUMENT # P02000065466

1. Entity Name
 A.M.A. OF CAPE CORAL, INC.



Principal Place of Business 5018 S.W. 11TH COURT CAPE CORAL, FL 33914	Mailing Address 5018 S.W. 11TH COURT CAPE CORAL, FL 33914
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DO NOT WRITE IN THIS SPACE

900300



02042008 No Chg-P CR2E034 (11/05)

4. FEI Number 36-4498065	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AWIS, ANNE M
 5018 S.W. 11TH COURT
 CAPE CORAL, FL 33914

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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 reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	D AWIS, BRIAN 5018 S.W. 11TH COURT CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AWIS, ANNE M 5018 S.W. 11TH COURT CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Brian Awis 5018 SW 11th Court Cape Coral, FL 33914
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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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: Brian A. Awis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-08 (239) 233-2196
Date Daytime Phone #