

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000108217

FILED
Mar 24, 2009
Secretary of State

Entity Name: AMP PROPERTY MANAGEMENT, INC

Current Principal Place of Business:

2310 HWY 77
SUITE 350
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

3000 N OCEAN BLVD
SUITE 406
FT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 14-1849925 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCHIONE, BERARDINO
3000 N OCEAN BLVD
SUITE 406
FT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REDDIN, AIDEN J
Address: 706 DANESBROOK WAY
City-St-Zip: MELBOURNE, FL 32940

Title: VP () Delete
Name: GURNEY, MARC
Address: 1463 VESTAVIA CIRCLE
City-St-Zip: MELBOURNE, FL 32940

Title: S () Delete
Name: PERNO, PATRICK
Address: 2834 F HARRISON AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: VP () Delete
Name: PERREAULT, STEVEN P
Address: 2800 TRACY LYNN CT
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERARDINO MARCHIONE

COMP

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date