2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90174 008 ***158.75

DOCUMENT # P02000120049

1. Entity Name
AMSUNROOMS, INC.

Principal Place of Business	Mailing Address
~~13191 56TH COURT~~ ~~SUITE #103~~ ~~CLEARWATER, FL 33760~~	~~13191 56TH COURT~~ ~~SUITE 103~~ ~~CLEARWATER, FL 33760~~

50044409

04272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4405 AKITA DRIVE	4405 AKITA DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33624 Country: USA	Zip: 33624 Country: USA

4. FEI Number: 30-0126932 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RENALDO, JAMES S 146 SECOND STREET NORTH SUITE 300 ST. PETERSBURG, FL 33701	Name: LARRY TICKLES Street Address (P.O. Box Number is Not Acceptable): 4405 AKITA DRIVE City: TAMPA FL Zip Code: 33624

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: *Larry Tickles* 4/28/05

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered agent signature required when reinstating. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PRESIDENT TICKLES, LARRY ~~13191 56TH COURT, SUITE #103~~ 4405 AKITA DRIVE ~~CLEARWATER, FL 33760~~ TAMPA FL 33624	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ 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: *Larry Tickles* 4/28/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #