

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000009483

1. Entity Name  
AMPOL HOLDINGS, INC.



Principal Place of Business  
3520 THOMASVILLE ROAD  
4TH FLOOR  
TALLAHASSEE, FL 32309

Mailing Address  
3520 THOMASVILLE ROAD  
4TH FLOOR  
TALLAHASSEE, FL 32309

FILED  
05 JAN 26 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	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**

MANAUSA, DANIEL E  
3520 THOMASVILLE ROAD  
4TH FLOOR  
TALLAHASSEE, FL 32309

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (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**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KUPISZEWSKI, STANLEY D JR. 2204 WOODLAWN DRIVE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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500045887655  
02/03/05--01003--003 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-05  
Stanley Kupiszewski, Jr.

893-4165  
Daytime Phone #