

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000034426

FILED  
Apr 21, 2005  
Secretary of State

Entity Name: ASSOCIATION MANAGEMENT SPECIALISTS, INC.

**Current Principal Place of Business:**

833 N. HIGHLAND AVENUE  
SUITE #200  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

4177 FALLWOOD CIR  
ORLANDO, FL 32812

**New Mailing Address:**

FEI Number: 56-2330969

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MASSEY, GARY E  
100 W CITRUS ST  
ALTAMONTE SPRINGS, FL 327142502 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: PSD ( ) Delete  
Name: ALLMAN, CATHLEEN A  
Address: 4177 FALLWOOD CIR  
City-St-Zip: ORLANDO, FL 32812

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP ( ) Change (X) Addition  
Name: ALLMAN, AMY B  
Address: 2900 VINE STREET  
City-St-Zip: ORLANDO, FL 32806

Title: SEC ( ) Change (X) Addition  
Name: ALLMAN, ROSS C  
Address: 4177 FALLWOOD CIRCLE  
City-St-Zip: ORLAND, FL 32812

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CATHLEEN ALLMAN

PSD

04/21/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date