


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000083234		
1. Entity Name A.M.S.I. INC.,		

Principal Place of Business 32 W PINE ST SUITE 228 ORLANDO, FL 32801	Mailing Address P.O. BOX 378 CLARCONA, FL 32710-0378
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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FILED  
04 JUN 22 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06222004 Chg-P CR2E034 (10/03)

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  PALACIOS, ADOLFO L 6971 KNIGHTS WOOD DR ORLANDO, FL 32818	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAINEY, JACKIE J 8104 SULLY DR ORLANDO, FL 32818 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300038356563 06/28/04--01065--004 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: See Attach  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

To: MR. Shawn Logan

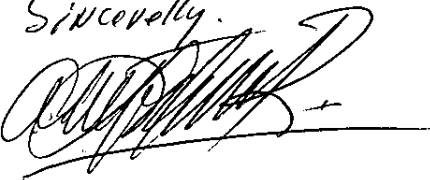
RE: AMSI, INC.,

Per our conversation today 6-16-04. I send free copy of the old report. I didn't receive a notice or an invoice for this matter. Enclose is a check for \$15875 that will bring us up to date.

If you have any questions I can be reached at 407-748-1510  
Adolfo L. Palacios Registered Agent.

Thank you in advance for your fine support.

Sincerely,



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Business Entity Name

**A.M.S.I.INC.,**

☐ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

FEI Number

592937569

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No**Principal Place of Business**

Address

32 W PINE ST

Suite, Apt. #, etc.

SUITE 228

City, State

ORLANDO

FL

Zip Code &amp; Country

32801

**Mailing Address**

Address

P.O. BOX 378

Suite, Apt. #, etc.

City, State

CLARCONA

FL

Zip Code &amp; Country

327100378

**Name And Address of Registered Agent**

Name (Last, First, Middle, Title)

PALACIOS, ADOLFO

L

-or- RA Business Name

Address

8104 Sully Dr.

Suite, Apt. #, etc.

City, State

ORLANDO

FL

Zip Code &amp; Country

32818

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a

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Business Entity Name

**A.M.S.I.INC.,**Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Officer/Director Name And Address**

Title	P
Name (Last, First, Middle, Title)	RAINEY JACKIE J
-or- Entity Name	
Street Address	8104 SULLY DR
City, State	ORLANDO, FL
Zip Code & Country	32818
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code &amp; Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

Pres.

Jackie F. Ransley

Continue

Reset

Start Over

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