2007 FOR PROFIT CORPORATION

FILED Jul 12, 2007 8:00 am

ANNOAL REPORT					Secretary of State				
DOCUM 1. Entity Name	ENT # P03000084			07-12-2007 90055 015 ***150.00					
	AMPITT ENTERPRISES,								
Principal Place of Business Mailing Address			I	41116	,400-				
209 DEFUNIAK SANTA ROSA BI	V	P.O. BOX 444 HAYDEN, AL 35079		402					
Defunial	= 50rings, F1.32435								
2. Principal Plac		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07062007	Chg-P	CR2E0	34 (12/06)		
City & State		City & State		4. FEI Numbe	PLICABLE		 	plied For	
Zip Country		Zip	Country				\$8.75 Add	t Applicable	
<u> </u>			·		of Status Desired		Fee Require		
6. Name and Address of Current Registered Agent			Name	7. Name and	Address of New R	egistered /	4gent		
SAUNDERS, BALDER 612 Main Are				rearies					
205 BROOKS STREET SE SUITE 201- PORT WALTON BEACH, FL 32548 FL. 32435			Street Add	Street Address (P.O. Box Number is Not Acceptable)					
	1	(. 129))	City			FL	Zip Cod	е	
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.) am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	X (1990)							<u> </u>	
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10. OFFICERS AND DIRECTORS 11.				ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
'''	PD	12 Delete	TITLE				☐ Change	Addition	
	SAUNDERS, BALDER W SAUNDERS BALDER W Main Ane Main Ane		NAME						
CITY-ST-ZIP -S	SANTA ROSA BEACH, FL 32450 Definink Spgs.		STREET ADDRESS CITY-ST-ZIP						
TITLE S	SD 107 Alden Delete		TITLE				☐ Change	Addition	
NAME OGLE, KYLE J		NAME							
STREET ADDRESS 200-DEPONIAN STREET		STREET ADDRESS							
			CITY-ST-ZIP						
TITLE NAME	Freeport, F	C/ Delete	TITLE NAME				Change	Addition	
STREET ADDRESS	774	20	STREET ADDRESS						

32739 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

Controller

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Hello, FP 1300084909

Please ware the \$400.00 penalty.

We had no notice of this until

I received the post card.

I downloaded a form today t

an enclosing the fee of \$150.00

we will not be late next year.

that you,

Steve Masterson Controller