

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90069 004 \*\*\*150.00



**DOCUMENT # P03000089257**

1. Entity Name  
**A.M.E. DRIVE SERVICE, INC.**

Principal Place of Business  
**8281 LAKE UNDERHILL RD  
 ORLANDO FL 32825**

Mailing Address  
**PO BOX 720492  
 ORLANDO FL 32872**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**8281 Lk. Underhill Rd**  
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State  
**Orlando**

4. FEI Number  
**56-2386476**

Applied For  
 Not Applicable

Zip  
**32825**

Country  
**Orange**

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	
<b>RUSSO, ALLISON                  8281 LAKE UNDERHILL RD                  ORLANDO FL 32825</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 *Allison Russo* DATE 2-28-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
 Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>RUSSO, ALLISON</b>			NAME			
STREET ADDRESS	<b>8281 LAKE UNDERHILL RD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>ORLANDO FL 32825</b>			CITY-ST-ZIP			
TITLE	<b>AVP</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MANN, GARY</b>			NAME			
STREET ADDRESS	<b>8281 LAKE UNDERHILL RD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>ORLANDO FL 32825</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Allison Russo* Allison Russo DATE 2-28-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR