


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90013 003 ***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 8281 LAKE UNDERHILL RD ORLANDO, FL 32825
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50000398



2. Principal Place of Business 9808 SW 90th Street Suite, Apt. #, etc.	3. Mailing Address 9808 SW 90th Street Suite, Apt. #, etc.
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02222006 Chg-P CR2E034 (11/05)

City & State Gainesville, FL	City & State Gainesville, FL
Zip 32608	Country Alachua
Zip 32608	Country

4. FEI Number 56-2386476	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 RUSSO, ALLISON 8281 LAKE UNDERHILL RD ORLANDO, FL 32825	
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7. Name and Address of New Registered Agent Name: Mann, Allison Street Address (P.O. Box Number is Not Acceptable) 9808 SW 90th Street City: Gainesville FL Zip Code: 32608	
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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: <u>Allison Mann Allison Mann - President</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE: <u>2-22-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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	D RUSSO, ALLISON 8281 LAKE UNDERHILL RD ORLANDO, FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Mann, Allison 9808 SW 90th Street Gainesville, FL 32608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVP MANN, GARY 8281 LAKE UNDERHILL RD ORLANDO, FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVP Mann, Gary 9808 SW 90th Street Gainesville, FL 32608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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.	
SIGNATURE: <u>Allison Mann Allison Mann - President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <u>2-22-06</u> Daytime Phone #: <u>321-388-5786</u>