


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000089257

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



Principal Place of Business Mailing Address

9808 SW 90TH STREET 9808 SW 90TH STREET
 GAINESVILLE, FL 32608 GAINESVILLE, FL 32608

DO NOT WRITE IN THIS SPACE



02112008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
56-2386476 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MANN, ALLISON
 9808 SW 90TH STREET
 GAINESVILLE, FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MANN, ALLISON
STREET ADDRESS	9808 SW 90TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	AVP
NAME	MANN, GARY
STREET ADDRESS	9808 SW 90TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Allison Mann* 2-11-08 321-388-5786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #