

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000098831

1. Entity Name
FIL-AM MANPOWER ADVOCATES, INC.



Principal Place of Business
**4125 RUBY DRIVE W
JACKSONVILLE, FL 32246 US**

Mailing Address
**4125 RUBY DRIVE W
JACKSONVILLE, FL 32246 US**



07262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0212935

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALEX C. DELA CRUZ, SR.
4125 RUBY DRIVE W
JACKSONVILLE, FL 32246**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
CRUZ, ALEX C SR
4125 RUBY DRIVE W
JACKSONVILLE, FL 32246**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DROOGLEEVER, ELPA L.
4125 RUBY DRIVE
JACKSONVILLE, FL 32246**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
CONNER, MIRIAM L
4125 RUBY DRIVE W
JACKSONVILLE, FL 32246**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000374776
07/28/05-80002-019.130.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Alex C. Dela Cruz, Sr. Pres

07/26/05

(904) 641-4368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #