

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000075153

1. Entity Name  
AMPRO AMERICA CORPORATION



\* FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 SEP 19 AM 8:31

Principal Place of Business  
4237 ANDOVER CAY BLVD  
ORLANDO, FL 32825 US

Mailing Address  
4237 ANDOVER CAY BLVD  
ORLANDO, FL 32825 US

2. Principal Place of Business  
4237 Andover Cay Blvd  
Suite, Apt. #, etc.

3. Mailing Address  
Ame  
Suite, Apt. #, etc.



08232005 Chg-P CR2E034 (10/03)

City & State  
Orlando, FL  
Zip  
32825  
Country  
USA

City & State  
City & State  
Zip  
Country

4. FEI Number  
76-0757665

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

KOSSNAR, THOMAS G SR.  
4237 ANDOVER CAY BLVD  
ORLANDO, FL 32825

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL 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

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

(NOTE: Registered Agent signature required when reinstating)

9/1/05  
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  
P  
KOSSNAR, THOMAS G SR.  
STREET ADDRESS  
4237 ANDOVER CAY BLVD  
CITY-ST-ZIP  
ORLANDO, FL 32825 ☐ Delete

TITLE  
NAME  
VP  
KOSSNAR, ROMENITA I  
STREET ADDRESS  
4237 ANDOVER CAY BLVD  
CITY-ST-ZIP  
ORLANDO, FL 32825 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
600059747996  
09/19/05--01056--024 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/05

407  
2225843  
Daytime Phone #