CORPORATE

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90188 042 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000128489

1. Entity Name
AMMERMAN DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
4181 TENNYSON WAY VENICE, FL 34292	4181 TENNYSON WAY VENICE, FL 34292

2. Principal Place of Business	3. Mailing Address
4532 W. Kennedy Blvd.	4532 W. Kennedy Blvd.
Suite, Apt. #, etc. Suite 289	Suite, Apt. #, etc. Suite 289
City & State TAMPA, FLORIDA	City & State TAMPA
Zip: 33609 Country: Hillsborough	Zip: 33609 Country: Hillsborough

04282005 Chg-P CR2E084 (10/03)

4. FEI Number: 87-0522666 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AMMERMAN, STEVEN C
4181 TENNYSON WAY
VENICE, FL 34292

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4532 W. Kennedy Blvd.
Suite 289

City: TAMPA FL Zip Code: 33609

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: Steve Ammerman 27 April 05
Signature, typed or printed name of registered agent and title if appropriate. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $500.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	PRESIDENT STEVEN C. AMMERMAN 4532 W. KENNEDY BVD, STE 289 TAMPA, FL 33609	☐ Change ☒ Addition
	☐ Delete	SECRETARY Felicia D. Sparti 166 BROADMOOR DRIVE LAKE MARY, FL 32746	☐ Change ☒ Addition
	☐ Delete	DIRECTOR ELMER H. AMMERMAN 2915 Whitewood Drive DALLAS, TEXAS 75233	☐ Change ☒ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ 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: Steve Ammerman 27-April 05 727 2446061
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #