## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Jan 28, 2005 8:00 am Secretary of State DOCUMENT # P04000141255 1. Entity Name 01-28-2005 90038 010 \*\*\*150.00 A&M SALES & CONSULTING, INC. Principal Place of Business Mailing Address 219 CRYSTAL GROVE BLVD 219 CRYSTAL GROVE BLVD LUTZ FL 33548 LUTZ FL 33548 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOWARD ALBRITTON SAXE, DANIEL L ESQ. Street Address (P.O. Box Number is Not Acceptable) 205 CRYSTAL GROVE BOULEVARD LUTZ FL 33548 LUT2 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. HOWARD L. FILE NOW! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 10. DP TITLE ☐ Delete ☐ Addition ALBRITTON, HOWARD L NAME STREET ADDRESS 219 CRYSTAL GROVE BLVD STREET ADDRESS CITY-ST-7IP LUTZ FL 33548 CITY-ST-7IP DVP ☐ Delete TITLE Change ☐ Addition TITLE MILLER, CURTIS J NAME 219 CRYSTAL GROVE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-7IP **LUTZ FL 33548** CITY-ST-7IP Change **X**Addition ☐ Delete TITLE BOSWELL, RUBY ÑĂMĒ NAME 219 CRYSTAL GROVE BLVD STREET ADDRESS STREET ADDRESS 33548 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition HILE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

**FILED**