

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000044012

1. Entity Name
AMERICAN HOMES SALES & MANAGEMENT, INC.



FILED
07 MAY 21 AM 8:12
STATE
DAVENPORT, FLORIDA

Principal Place of Business
2302 SAND HILL RD
DAVENPORT, FL 33837

Mailing Address
2302 SAND HILL RD
DAVENPORT, FL 33837

2. Principal Place of Business - No P.O. Box #
2629 Waverly Barn Rd
Suite, Apt. #, etc.

3. Mailing Address
2629 Waverly Barn Road
Suite, Apt. #, etc.

Suite 126
City & State

Suite 126
City & State

Davenport, FL
Zip 33897 Country

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Zip 33897 Country

05162007 Chg-P CR2E031(12/06)

4. FEI Number
71-0980274
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARSDEN, BRIAN JOHN
2302 SAND HILL RD
DAVENPORT, FL 33837

7. Name and Address of New Registered Agent

Name
BRIAN JOHN MARSDEN
Street Address (P.O. Box Number is Not Acceptable)
2629 Waverly Barn Road Suite 126
City Davenport FL Zip Code 33897

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 _____

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME MARSDEN, BRIAN JOHN ☐ Delete
STREET ADDRESS 2302 SAND HILL RD
CITY-ST-ZIP DAVENPORT, FL 33837

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME MARSDEN, BRIAN JOHN
STREET ADDRESS 2629 Waverly Barn Road Suite 126
CITY-ST-ZIP Davenport, FL 33897 ☐ Change ☐ Addition

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

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

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

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

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

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

5/17/07.
Date Daytime Phone #