

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000118382

Entity Name: AMBER & SONS, INC.

FILED  
Mar 28, 2006  
Secretary of State

## Current Principal Place of Business:

2021 ARBOR WAY  
MT. DORA, FL 32757

## New Principal Place of Business:

4060 WALTHAM FOREST DRIVE  
TAVARES, FL 32778

## Current Mailing Address:

2021 ARBOR WAY  
MT. DORA, FL 32757

## New Mailing Address:

4060 WALTHAM FOREST DRIVE  
TAVARES, FL 32778

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AXON, AMY H  
2021 ARBOR WAY  
MT. DORA, FL 32757 US

## Name and Address of New Registered Agent:

AXON, AMY H  
4060 WALTHAM FOREST DRIVE  
TAVARES, FL 32778 US

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.

SIGNATURE:

03/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: AXON, AMY H  
Address: 2021 ARBOR WAY  
City-St-Zip: MT. DORA, FL 32757

Title: D ( ) Delete  
Name: BARBER, STEVEN L  
Address: 2021 ARBOR WAY  
City-St-Zip: MT. DORA, FL 32757

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change ( ) Addition  
Name: AXON, AMY H  
Address: 4060 WALTHAM FOREST DRIVE  
City-St-Zip: TAVARES, FL 32778

Title: D (X) Change ( ) Addition  
Name: BARBER, STEVEN L  
Address: 4060 WALTAM FOREST DRIVE  
City-St-Zip: TAVARES, FL 32778

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY AXON

P

03/28/2006

Electronic Signature of Signing Officer or Director

Date