

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000118382

Entity Name: AMBER & SONS, INC.

FILED
May 15, 2007
Secretary of State

Current Principal Place of Business:

1205 PIEDMONT LAKES BLVD
APOPKA, FL 32703

New Principal Place of Business:

32 CAMINO REAL
HOWEY-IN-THE-HILLS, FL 34737

Current Mailing Address:

1205 PIEDMONT LAKES BLVD
APOPKA, FL 32703

New Mailing Address:

1631 ROCK SPRINGS ROAD #326
APOPKA, FL 32712

FEI Number: 20-3360565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AXON, AMY H
1205 PIEDMONT LAKES BLVD
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

AXON, AMY H
1631 ROCK SPRINGS ROAD #326
APOPKA, FL 32712 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: _____

05/15/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change () Addition
Name: AXON, AMY H
Address: 1631 ROCK SPRINGS ROAD #326
City-St-Zip: APOPKA, FL 32712

Title: D (X) Change () Addition
Name: BARBER, STEVEN L
Address: 32 CAMINO REAL
City-St-Zip: HOWEY-IN-THE-HILLS, FL 34737

I hereby certify that the information supplied with this filing does not qualify 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 H AXON

P D

05/15/2007

Electronic Signature of Signing Officer or Director

Date