2006 FOR PROFIT CORPORATION -- -ANNUAL-REPORT (AR)-

Mar 01, 2006 8:00 am -2/5 Secretary of State DOCUMENT # P05000138185 02-09-2006 90022 023 ***158.75 1. Entity Name AM II, INC. Principal Place of Business Mailing Address 306 GOLDEN GATE POINT, UNIT NO. 5 SARASOTA FL 34236 306 GOLDEN GATE POINT, UNIT NO. 5 SARASOTA FL 34236 THE PLANT OF THE PROPERTY OF THE PROPERTY OF THE FREE PROPERTY OF THE PROPERTY 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number 3(Applied For Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FULLER,-WILLIAM J. III Street Address (P.O. Box Number is Not Acceptable) 423 BURNS CT. SARASOTA FL 34236 City Zip Code 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. Signature, typed or privide name of registernit agont and title it applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 -Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE Delete TITLE ☐ Addition ADAMS, MICHAEL L. NAME NAME 306 GOLDEN GATE POINT, UNIT NO. 5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 TITLE Delete TITLE ☐ Change ☐ Addition NAME MORTON, E.W. "TED" JR. NAME 306 GOLDEN GATE POINT, UNIT NO. 7 STREET ADDRESS STREET ADDRESS CJ1Y-51-71P SARASOTA FL 34236 CITY-ST-7IP Delete ☐ Chance ☐ Adddion TITLE THIF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TATLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-\$1-20P CITY-51-ZIP ☐ Delete DILE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Defete BER □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 12. I hereby certify that the information supplied with this Itling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 attackment with an address, with all other like empowered.

MICHAEL L. ADAMS, PIES . - 1/26/2006 . 727.580.3620

- 2/27/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 10, 2006

AM II, INC. 306 GOLDEN GATE POINT, UNIT NO. 5 SARASOTA, FL 34236

Subject: AM II, INC.

Reference Number:

P05000138185

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH ANNUAL REPORTS SECTION