


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000159297		
1. Entity Name AMY & COMPANY, INC.		
Principal Place of Business 7900 SKYHAWK ROAD PACE, FL 32571	Mailing Address 7900 SKYHAWK ROAD PACE, FL 32571	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MAPOLES, JR., BYRD 7824 SKYHAWK ROAD PACE, FL 32571		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARTSFIELD, AMY G 7900 SKYHAWK ROAD PACE, FL 32571	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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: <u>Amy G. Hartsfield Amy G. Hartsfield</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1/31/07 850-995-0770</u> <small>Date Daytime Phone #</small>



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4007642	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/07/07-80067-001 150.00

**DO NOT WRITE
IN THIS SPACE**