

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000076693

Entity Name: AMWISP, INC.

FILED
May 06, 2009
Secretary of State

Current Principal Place of Business:

964 BECKINGHAM DRIVE
SAINT AUGUSTINE, FL 32092

New Principal Place of Business:

949 LAWHON DRIVE
SAINT JOHNS, FL 32259

Current Mailing Address:

964 BECKINGHAM DRIVE
SAINT AUGUSTINE, FL 32092

New Mailing Address:

949 LAWHON DRIVE
SAINT JOHNS, FL 32259

FEI Number: 26-0472737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRONDZIK, BROOKE M
964 BECKINGHAM DRIVE
SAINT AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

GRONDZIK, BROOKE M
949 LAWHON DRIVE
SAINT JOHNS, FL 32259 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: BROOKE GRONDZIK

05/06/2009

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 () Delete
Name: GRONDZIK, JAMES T
Address: 964 BECKINGHAM DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: VP () Delete
Name: GRONDZIK, BROOKE M
Address: 964 BECKINGHAM DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GRONDZIK, JAMES T
Address: 949 LAWHON DRIVE
City-St-Zip: SAINT JOHNS, FL 32259

Title: VP (X) Change () Addition
Name: GRONDZIK, BROOKE M
Address: 949 LAWHON DRIVE
City-St-Zip: SAINT JOHNS, FL 32259

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: BROOKE GRONDZIK

VP

05/06/2009

Electronic Signature of Signing Officer or Director

Date