

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000062808

Entity Name: AMERIPROP (ODESSA), INC.

FILED
Apr 19, 2009
Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

18121 JORENE RD.
ODESSA, FL 33556

Current Mailing Address:

New Mailing Address:

18121 JORENE RD.
ODESSA, FL 33556

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CAMPBELL, KIRK
18121 JORENE RD.
ODESSA, FL 33556 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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GORTER, RIEKELE
Address: 18121 JORENE RD.
City-St-Zip: ODESSA, FL 33556

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD () Delete
Name: GORTER, GINA
Address: 18121 JORENE RD.
City-St-Zip: ODESSA, FL 33556

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RIEKELE GORTER

PD

04/19/2009

Electronic Signature of Signing Officer or Director

Date