

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P29845</b>					
<b>1. Entity Name</b> <b>A &amp; M BUSINESS PROPERTIES, INC.</b>					
<b>Principal Place of Business</b> <b>500 S. FLORIDA AVE., #700</b> <b>LAKELAND, FL 33801 US</b>			<b>Mailing Address</b> <b>P.O. BOX 5252</b> <b>LAKELAND, FL 33807 US</b>		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01292007    Chg-P    CR2E034 (12/06)	
<b>4. FEI Number</b> <b>31-0946431</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>PETER A. MCFARLANE, ESQ.</b> <b>500 S. FLORIDA AVE., #715</b> <b>LAKELAND, FL 33801</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>MAXWELL, LAWRENCE W.</b> <b>500 S. FLORIDA AVE., #700</b> <b>LAKELAND, FL 33801</b>	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>AS</b> <b>EDBRUP, BRIDGET</b> <b>5015 S. FLORIDA AVE. #200</b> <b>LAKELAND, FL 33801</b>	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>AT</b> <b>KELLEY, KIM</b> <b>500 S. FLORIDA AVE., #700</b> <b>LAKELAND, FL 33801</b>	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP</b> <b>BOCHIS, GEORGE J</b> <b>5015 SOUTH FLORIDA AVENUE</b> <b>LAKELAND, FL 33801</b>	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>MAXWELL, LAWRENCE T</b> <b>500 S. FLORIDA AVE., #700</b> <b>LAKELAND, FL 33801</b>	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>ST</b> <b>FALK, BENJAMIN</b> <b>500 S. FLORIDA AVE., #700</b> <b>LAKELAND, FL 33801</b>	<input type="checkbox"/> Delete			
<b>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.</b>			U000000747145 05/17/07-80010-025 158.75		
<b>SIGNATURE</b> <i>Kim S. Kelley</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/26/07    863-647-1581 Date    Daytime Phone #		