2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## May 01, 2006 08:00 AM Secretary of State DOCUMENT # P92000003500 Entity Name AMPLE ARCHIVES, INC. Principal Place of Business Mailing Address 6235 118TH AVENUE NORTH 6235 118TH AVENUE NORTH LARGO FL 33773 **LARGO FL 33773** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number City & State Applied For 59-3157151 Not Applied Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name READY, TIMOTHY S. Street Address (P.O. Box Number is Not Acceptable) 6235 118TH AVENUE NORTH **LARGO FL 33773** 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 access the obligations of registered agent. SIGNATURE Signature, typed or proted name of registered agent and title 4 applicable (NOTE Republished Agent signature required when re-installing) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 2: After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. IME ☐ Delete TITLE Change Addition NAME READY, TIMOTHY S. NAME STREET ADDRESS 6235 118TH AVENUE NORTH STREET ADDRESS CITY-ST-ZIP **LARGO FL 33773** CITY-ST-IP VD TITI 6 ☐ Deleta TITLE ☐ Change ☐ Addition NAME THEODORE, STEVEN C. NAME STREET ADDRESS 6235 118TH AVENUE NORTH SURFET ADDRESS *U00000555360* CITY-ST-ZIP **LARGO FL 33773** CITY -ST-ZIP 1501.00 TITLE Delete Addition 7)7) 6 ☐ Charkie NAME 34444 STREET ADDRESS STRLET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delote HHL ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE Addition | MAME MAME STREET ADDRESS STREET ADDRESS CHY-ST-ZE City-ST-ZIP 7)71 E Defete STLE ☐ Change Addition NAME МАМЯ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 it changed, or on an attachment with an address, with all other like employered.

Timothy 5. Keady President 4/21/06

**FILED**