## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Feb 22, 2007 08:00 All Secretary of State DOCUMENT # P92000003500 1. 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 - No P O Box # 3. Mailing Address Suito, Apt. #, etc Suito, Apt #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number City & State City & State Applied For 59-3157151 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Cortificate of Status Desirod 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 accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be . After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. ☐ Change Addition nne Delete READY, TIMOTHY S. NAME U00000644178 03/02/07-80031-023 150.00 6235 118TH AVENUE NORTH STREET ADDRESS STREET ADDRESS **LARGO FL 33773** CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change Addition TITLE THEODORE, STEVEN C. 6235 118TH AVENUE NORTH STREET ADDRESS STREET ADDRESS **LARGO FL 33773** CITY+SI-7IP CITY-ST-ZIP TITLE ☐ Delete HILL Change Addition NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STRUCT ADDRESS CITY-SI-7(P CHY-SI-ZIP Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TRUE ☐ Change Addition THE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Soction 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 logal offect 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: [June 14] D. Rear Timothy S. Ready 1/9/07 127-532-932.