


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90016 034 \*\*\*150.00

DOCUMENT # P93000013690		
1. Entity Name AMERICAN ENTERPRISES MARKETING CORPORATION		
Principal Place of Business C/O WILLIAM EBERT 4150 LASALLE DR PALM HARBOR FL 34685		Mailing Address C/O WILLIAM EBERT 4150 LASALLE DR PALM HARBOR FL 34685 US
2. Principal Place of Business - No P.O. Box # 4150 Lasalle dr.		3. Mailing Address 4150 Lasalle dr
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State PALM HARBOR FL		City & State PALM HARBOR FL
Zip 34685	Country Pinellas	Zip 34685 Country Pinellas
USA 6. Name and Address of Current Registered Agent U.S.A		7. Name and Address of New Registered Agent
EBERT, WILLIAM 4150 LASALLE DR PALM HARBOR FL 34685		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title - applicable (NOTE: Registered Agent signature required when reinstating)</small>		



1st MOORE CR2E034 (10/06)

4. FEI Number 59-3168403 ☐ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	D EBERT, JANESE A 4150 LASALLE DR. PALM HARBOR FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	P EBERT, WILLIAM E 4150 LASALLE DR. PALM HARBOR FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby 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 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.

SIGNATURE: William E. Ebert William E. EBERT 2/24/07 727-943-2941  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR