


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90009 049 ***158.75

DOCUMENT # P93000062239	
1. Entity Name AMSCO BUILDERS, INC.	

Principal Place of Business 7616 WEST DR WESLEY CHAPEL, FL 33544 US	Mailing Address 7616 WEST DR WESLEY CHAPEL, FL 33544 US
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2. Principal Place of Business 809 E. Bloomingdale Ave. Suite, Apt. #, etc. PMB # 388	3. Mailing Address 809 E. Bloomingdale Ave. Suite, Apt. #, etc. PMB # 388
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City & State Brandon, FL	City & State Brandon, FL
Zip 33511	Country USA

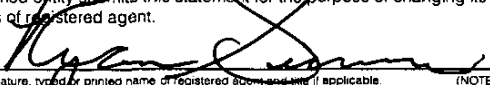
01042005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3200112	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AMES, STEVEN C 7616 WEST DRIVE WESLEY CHAPEL, FL 33544	7. Name and Address of New Registered Agent Name Ryan R. Simmons Street Address (P.O. Box Number is Not Acceptable) 1010 Knowles Road City Brandon, FL Zip Code 33511
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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.

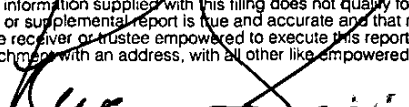
SIGNATURE:  **Ryan R. Simmons** DATE **01/04/05**

Signature, typed or printed name of registered agent, and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST AMES, STEVEN C. 7616 WEST DRIVE WESLEY CHAPEL, FL 33544 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Ryan R. Simmons 809 E. Bloomingdale Avenue, PMB # 388 Brandon, FL 33511 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption, stated in Section 119.07(3)(i), 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:  **Ryan R. Simmons, President** DATE **01/04/05 (813) 994-9292**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR