

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P93000062239

1. Entity Name  
AMSCO BUILDERS, INC.



**FILED  
Mar 27, 2006 8:00 am  
Secretary of State**

03-27-2006 90250 021 \*\*\*158.75

Principal Place of Business  
809 E BLOOMINGDALE AVE  
PMB # 388  
BRANDON, FL 33511 US

Mailing Address  
809 E BLOOMINGDALE AVE  
PMB # 388  
BRANDON, FL 33511 US

2. Principal Place of Business  
**7626 WEST DRIVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**7626 WEST DRIVE**  
Suite, Apt. #, etc.

City & State  
**WESLEY CHAPEL, FL**

Zip **33544** Country **US**

City & State  
**WESLEY CHAPEL, FL**

Zip **33544** Country **US**

6. Name and Address of Current Registered Agent  
  
**SIMMONS, RYAN R**  
1010 KNOWLES ROAD  
BRANDON, FL 33511

4. FEI Number  
**59-3200112**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent  
  
Name **Simmons, Ryan R.**  
Street Address (P.O. Box Number is Not Acceptable)  
**7626 WEST DRIVE**  
City **WESLEY CHAPEL** Zip Code **FL 33544**

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 *[Handwritten signature]*

(NOTE: Registered Agent signature required when reinstating)

3/23/06

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **DPST**  Delete  
NAME **SIMMONS, RYAN R**  
STREET ADDRESS **809 E BLOOMINGDALE AVE PMB # 388**  
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **DPST**  Change  Addition  
NAME **Simmons, Ryan R**  
STREET ADDRESS **7626 WEST DRIVE**  
CITY-ST-ZIP **WESLEY CHAPEL, FL 33544**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE: *[Handwritten signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/06 (813) 994-9292

Date

Daytime Phone #