

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000017681

Entity Name: AMC ACQUISITION, INC.

FILED
Apr 03, 2006
Secretary of State

Current Principal Place of Business:

8100 NATIONS WAY
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

8100 NATIONS WAY
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 59-3236296 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NEWTON, RUSSEL B JR
Address: 111 RIVERSIDE AVE., SUITE 140
City-St-Zip: JACKSONVILLE, FL 32202

Title: C () Delete
Name: HICKS, DAVID M.
Address: 1725 MEMORIAL PARK DRIVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: COMMANDER, CHARLES E III
Address: 200 LAURA ST.
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: SHIRCLIFF, ROBERT T.
Address: 1301 RIVER PLACE BLVD., SUITE 2529
City-St-Zip: JACKSONVILLE, FL 32207

Title: PD () Delete
Name: MEEK, GARY A
Address: 8100 NATIONS WAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: VSD () Delete
Name: CLEMENTS, ROBERT M
Address: 8100 NATIONS WAY
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: CLEMENTS, ROBERT M
Address: 8100 NATIONS WAY
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A. HAJDA

SEC

04/03/2006

Electronic Signature of Signing Officer or Director

_____ Date