2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000038458

1. Entity Name
PETER JOYCE, AMS MARINE SURVEYS, INC.

Principal Place of Business	Mailing Address
1901 HOLIDAY DR. HOLIDAY, FL 34691	1901 HOLIDAY DR. HOLIDAY, FL 34691

DO NOT WRITE IN THIS SPACE

04182007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3242204		Not Applicable
5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOYCE, DIANE
1901 HOLIDAY DR.
HOLIDAY, FL 34691

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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 _____

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000732978 05/09/07-80068-008 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	JOYCE, DIANE
STREET ADDRESS	1901 HOLIDAY DR.
CITY-ST-ZIP	HOLIDAY, FL

TITLE	DV
NAME	JOYCE, PETER
STREET ADDRESS	1901 HOLIDAY DR.
CITY-ST-ZIP	HOLIDAY, FL 34691

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _Diane Joyce_ DIANE JOYCE   4-23-07   727-937-7267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #