




2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90266 043 ***150.00

DOCUMENT # P95000016215			
1. Entity Name AMERICAN MARBACOM COMMUNICATIONS OF ORLANDO, INC.			
Principal Place of Business 2212 E 4TH AVE. TAMPA, FL 33605 US		Mailing Address 2212 E 4TH AVE. TAMPA, FL 33605 US	
2. Principal Place of Business 14241 60 th St. N. Suite, Apt. #, etc.		3. Mailing Address 601 Jefferson Davis Hwy Suite, Apt. #, etc. Suite 201	
City & State Clearwater, FL		City & State Fredericksburg, VA	
Zip 33760	Country USA	Zip 22401	Country USA
6. Name and Address of Current Registered Agent DRAKEFORD, WALTER H 2214 E. 4TH AVE. TAMPA, FL 33605		4. FEI Number 59-3295311	
7. Name and Address of New Registered Agent Name Drakeford, Walter H. Street Address (P.O. Box Number is Not Acceptable) 14241 60th St. North City Clearwater FL Zip Code 33760		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 		WALTER DRAKEFORD	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE 4-10-05		DATE	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ABRAM, WILLIAM 2212 E 4TH AVE. TAMPA, FL 33605 <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 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: 		WILLIAM ABRAM	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-13-05	
		Daytime Phone #	



04122005 Chg-P CR2E034 (10/03)