

FILED
May 09, 2007 8:00 am
Secretary of State

4/12/

04-12-2007 90062 001 ***450.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000038099

1. Entity Name
A M S JAX., INC.



Principal Place of Business
**JACKSONVILLE INT'L
2400 YANKEE CLIPPER AIRPORT STE 302
JAX, FL 32218 US**

Mailing Address
**JACKSONVILLE INT'L
2400 YANKEE CLIPPER AIRPORT STE 302
JAX, FL 32218 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03212007 Chg-P CR2E034 (12/06)

4. FEI Number **59-3324083**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LYON, NORMA E
1709 ROGERO RD
JACKSONVILLE, FL 32211**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
HUSSMANN, JAMES A
2430 FOOTBRIDGE LANE
JACKSONVILLE, FL 32244** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSD
HUSSMANN, DEBORAH C
2430 FOOTBRIDGE LANE
JACKSONVILLE, FL 32244** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

James A. Hussmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-07

Date

904-743-0059

Daytime Phone #