

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000070016**

1. Entity Name  
AMCO, INC.



Principal Place of Business  
NORTHERN TRUST BLDG SUITE 404  
4001 TAMiami TRAIL NORTH  
NAPLES, FL 34103

Mailing Address  
C/O URBACH KAHN & WELIN P.C.  
66 STATE STREET  
ALBANY, NY 12207

**DO NOT WRITE IN THIS SPACE**



02162004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0712821** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

OWENS, WILLIAM L ESQ.  
NORTHERN TRUST BLDG SUITE 404  
4001 TAMiami TRAIL NORTH  
NAPLES, FL 34103

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IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME LAY, MAYFRED  
STREET ADDRESS C/O JOHN LAY ELECTRONICS LITTQUERBODEN  
CITY-ST-ZIP CH6014, LITTAU, LUZERNE, SWI.

TITLE SP  
NAME LAY, KURT  
STREET ADDRESS C/O JOHN LAY ELECTRONICS LITTQUEBODEN  
CITY-ST-ZIP CH6014, LITTAU, LUZERNE, SWIT.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

U00000103351  
04/05/04-80052-018 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #