

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000037031

1. Entity Name
AMENITY SERVICES GROUP, INC.



Principal Place of Business
**12321 BLUE STREAM DRIVE
JACKSONVILLE, FL 32224**

Mailing Address
**12321 BLUE STREAM DRIVE
JACKSONVILLE, FL 32224**



03262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3371138

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DEARY, ROY C
12321 BLUE STREAM DRIVE
JACKSONVILLE, FL 32224**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **DEARY, ROY C**
STREET ADDRESS **12321 BLUE STREAM DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **D**
NAME **DEARY, JEAN N**
STREET ADDRESS **12321 BLUE STREAM DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

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**UD00000483902
04/12/06-80018-015 150.00**

**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: **Roy Deary Roy Deary**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-27-06 904-641-0391
Date Daytime Phone #