


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90305 032 ***150.00

DOCUMENT # P97000002596

1. Entity Name
AMYOTTE SPECIALTIES, INC.



Principal Place of Business
**5984 NE 63RD ST
 SILVER SPRINGS, FL 34488**

Mailing Address
**5984 NE 63RD ST
 SILVER SPRINGS, FL 34488**

40068719

2. Principal Place of Business
1515 E. Silver Spgs Bv #135

3. Mailing Address
1515 E. Silver Spgs Bv #135

Suite, Apt. #, etc.



03092005 Chg-P CR2E034 (10/03)

City & State
Ocala FL

City & State
Ocala FL

Zip
34470

Country
USA

4. FEI Number
59-3420030

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

**AMYOTTE, DEBORAH
 5984 NE 63RD STREET
 SILVER SPRINGS, FL 34488**

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

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PVST AMYOTTE, DEBORAH 5984 NE 63RD ST SILVER SPRINGS, FL 34488 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **4/29/05** (352) 867-0024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

Deborah Amyotte, President