

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

ASPC06040

FILED

04 SEP 27 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000055249

1. Entity Name
ADVANCED METAL PRODUCTS, INC.



Principal Place of Business
2068 CASSINGHAM CIRCLE
OCOE, FL 34761

Mailing Address
1401 W WASHINGTON ST
ORLANDO, FL 32805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09212004

Chg-P

CR2E034 (10/03)



City & State

City & State

4. FEI Number
59-3452813

Applied For
Not Applicable

Zip Country

Zip Country

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

FREEMAN, III, LYNDELL N
1401 W WASHINGTON ST
ORLANDO, FL 32805

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: *Lyndel N. Freeman III PRES.*

9/2/04

Signature and typed printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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 D
NAME FREEMAN, LYNDEL N III
STREET ADDRESS 2068 CASSINGHAM CIRCLE
CITY-ST-ZIP OCOEE, FL 34761 ☐ Delete

TITLE *ST*
NAME *ERIN E. FREEMAN*
STREET ADDRESS *2068 CASSINGHAM CIR.*
CITY-ST-ZIP *OCOE, FL 34761* ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/1/04 407-650-8229