


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P97000066518 1. Entity Name AMT CORP. |  |
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| Principal Place of Business 5155 ISLA KEY BLVD UNIT 307 ST. PETERSBURG, FL 33715 US | Mailing Address 5155 ISLA KEY BLVD UNIT 307 ST. PETERSBURG, FL 33715 US |
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02072004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3463627 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent

STIMADORAKIS, JOHN T
5155 ISLA KEY BLVD
UNIT 307
ST. PETERSBURG, FL 33715

**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 _____

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000112108
04/14/04-80009-013 150.00

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STIMADORAKIS, JOHN T 5155 ISLA KEY BLVD, UNIT 307 ST. PETERSBURG, FL 33715 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MILLIREN, EVELYN L 5155 ISLA KEY BLVD, UNIT 307 ST. PETERSBURG, FL 33715 |
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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:  **John T Stimadorakis** X **4-1-04** **727-864-6054**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #