## 2004 FOR PROFIT CORPORATION ANNUAL REPORT.

## FILED Jun 15, 2004 8:00 am Secretary of State

| DOCUMENT # P980000270  1. Entity Name AMDS, INC.  | 04  |  |                        | A CONTRACTOR OF THE CONTRACTOR | 06-15-200                          | 4 90001 0                              | )44 ***1                      | 150.00                     |
|---|---|--|------------------------|--|------------------------------------|--|-------------------------------|----------------------------|
| Principal Place of Business  330 SO: PINEAPPLE AVE. SUITE 204- SARASOTA, FL 34236         | Mailing Address<br>PO BOX 15340<br>SARASOTA, FL 34277 | '  | ,                      | 1  |                                    |  | 574                           |                            |
| 2. Principal Place of Business 741 50. ORANGE AYE.  | 3. Mailing Address                                    |  |                        |  |                                    |  |                               |                            |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                                   |  |                        | 06042004   | Chg-P                              | CR2E034                                | (10/03)                       |                            |
| City & State  | City & State  |  |                        | 4. FEI Numbe<br>65-081   |                                    |  |                               | plied For<br>at Applicable |
| Zip · Country   | Zip   | Country                                  |                        | 5. Certificate   | of Status Desired                  |  | <b>8.75</b> Add<br>ee Require |                            |
| 6. Name and Address of Current Re   | gistered Agent  |  |                        | 7. Name and  | Address of New R                   | egistered Ag                           | ent                           |                            |
| ***************************************   |   |  | Name                   |  |                                    |  |                               |                            |
| MERRILL, ANNE L<br>1610 STICKNEY POINT ROAD<br>SUITE 201                                  | er etter ett ett ett ett ett ett ett ett              |  | Street Addres          | s (F.O. Box Numb   | er is Not Acceptable               | e)                                     |                               |                            |
| SARASOTA, FL 34231  |   |  |                        |  |                                    |  |                               |                            |
| Jak &   |   |  | City                   |  |                                    | FL                                     | Zip Cod                       |                            |
| 8. The above named entity submits this statement for the obligations of registered agent. | ne purpose of changing its                            | registere                                | ed office or regis     | itered agent, or bo  | h, in the State of Flo             | orida. I am far                        | miliar with,                  | and accept                 |
| SIGNATURE Signaline, typed or printed name of registered agent and                        | title if applicable. (NOTI                            | E: Registered                            | d Agent signature roqu | ired when reinstating)   |                                    | DATE                                   |                               |                            |
| FILE NOW!!! FEE IS \$150.00<br>Due by September 8, 2004                                   | 9. Election Campai<br>Trust Fund Cont                 |  |                        | 55.00 May Be<br>dded to Fees   | in accordance v<br>corporation did | vith s. 607.19<br>not receive t        | 93(2)(b),<br>the prior r      | F.S., the notice.          |
| 10. OFFICERS AND DI   | RECTORS   | 11.                                      |                        | ADDITIONS  | CHANGES TO OFF                     | ICERS AND D                            | IRECTOR                       | S IN 11                    |
| TITLE PST   | ☐ Delete  | TITLE                                    |                        | -  |                                    |  | Change                        | Addition                   |
| NAME MERRILL, ANNE L  |   | NAME                                     |                        |  |                                    |  |                               |                            |
| STREET ADDRESS 1610 STICKNEY POINT ROAD CHY-ST-ZIP SARASOTA, FL 34231                     |   |  | ET ADDRESS<br>-ST-ZIP  |  |                                    |  | •                             |                            |
| NITLE 3   | Delete  | TITLE                                    |                        |  |                                    | . [                                    | Change                        | ☐ Addition                 |
| NAME  |   | NAME                                     |                        |  |                                    |  |                               |                            |
| STREET ADDRESS :: CITY-SI-ZIP ::  |   |  | ET ADDRESS<br>-ST-ZIP  |  |                                    |  |                               |                            |
| TITLE   | ☐ Delete  | TITLE                                    |                        | ······································   |                                    |  | Change                        | ☐ Addition                 |
| NAME  |   | NAME                                     | E                      |  |                                    |  |                               |                            |
| STREET ADDRESS  |   |  | ET ADDRESS             |  |                                    |  |                               |                            |
| CITY-ST-ZIP '   | •   | CITY                                     | -SI-ZIP                |  |                                    | •                                      |                               |                            |
| TITLE   | ☐ Delete  | TITLE                                    | 2 4 9                  |  |                                    | _ [                                    | Change                        | Addition                   |
| NAME STREET ADDRESS   |   | NAME                                     | ET ADDRESS             |  | •                                  |  |                               |                            |
| CITY-SI-ZIP   |   |  | -ST-ZIP                |  |                                    |  |                               |                            |
| TID C   | ☐ Delate  | TITLE                                    | :                      |  | <del>.</del>                       | (                                      | Change                        | ☐ Addition                 |
| TITLE   | L Delete  |  |                        |  |                                    |  | -                             |                            |
| TITLE<br>NAME   | □ Delate  | NAME                                     | :                      |  | ·                                  |  |                               |                            |
| NAME<br>STREET ADDRESS  | Delate  | STRE                                     | et address             |  | ·                                  |  |                               |                            |
| NAME  |   | STRE                                     | I                      | ·  |                                    | ······································ |                               |                            |
| NAME STREET ADDRESS GITY-ST-ZIP TITLE   | ☐ Delete  | STREI<br>CITY-<br>TITLE                  | ET ADDRESS<br>-ST-ZIP  | ·  | 2-10-20 t - 1,0-20 1 1             | E                                      | Change                        | ☐ Addition                 |
| NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME  |   | STREI<br>CITY-<br>TITLE<br>NAME          | ET ADDRESS<br>-ST-ZIP  | - <u></u>  |                                    | [                                      | Change                        | ☐ Addition                 |
| NAME STREET ADDRESS GITY-ST-ZIP TITLE   |   | STREI<br>CITY-<br>TITLE<br>NAME<br>STREI | ET ADDRESS<br>-ST-ZIP  | <u> </u>   |                                    | E                                      | Change                        | ☐ Addition                 |

Indicated on this report or supplied with this limit does not quality for the exemption stated in Section 119 (70)(f). Florida statutes. Turtier certify that the information indicated on this report or suppliemental 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: A TREATMENT OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR