

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000041501

FILED
Jan 07, 2005
Secretary of State

Entity Name: AMB ACCOUNTING SERVICES, INC.

Current Principal Place of Business:

12691 N W 85TH AVE
CHIEFLAND, FL 32626

New Principal Place of Business:

Current Mailing Address:

12691 N W 85TH AVE
CHIEFLAND, FL 32626

New Mailing Address:

FEI Number: 59-3509902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWKER, ARTHUR M
12691 NW 85TH AVE
CHIEFLAND, FL 32626 US

Name and Address of New Registered Agent:

BOWKER, ARTHUR M PRES.
12691 NW 85TH AVE
CHIEFLAND, FL 32626 US

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.

SIGNATURE: ARTHUR M. BOWKER

01/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVT () Delete
Name: BOWKER, MELISSA
Address: 12691 NW 85TH AVE
City-St-Zip: CHIEFLAND, FL 32626

Title: DPS () Delete
Name: BOWKER, ARTHUR M
Address: 12691 NW 85TH AVE
City-St-Zip: CHIEFLAND, FL 32626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR M. BOWKER

PRES

01/07/2005

Electronic Signature of Signing Officer or Director

Date