


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000070482	
1. Entity Name A & M REAL ESTATE VENTURES, INC.	

Principal Place of Business P.O BOX 429 LAKE PLACID, FL 33862-0429	Mailing Address P.O BOX 429 LAKE PLACID, FL 33862-0429
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DO NOT WRITE IN THIS SPACE

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03162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0859081	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARNER, ALAN
367 CATFISH CREEK ROAD
LAKE PLACID, FL 33852

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARNER, ALAN 367 CATFISH CREEK RD. LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WARNER, MARIA G 367 CATFISH CREEK RD. LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/05/04-80049-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Alan Warner **ALAN WARNER** 3-16-04 863-699-1440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #