

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000004545

1. Entity Name
AMERI-TRUST REALTY & MANAGEMENT, INC.



FILED
05 FEB 25 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2301 NE 16TH AVENUE
WILTON MANORS, FL 33305-2405 US

Mailing Address
P.O. BOX 24651
FT. LAUDERDALE, FL 33307-4651 US



2. Principal Place of Business
1117 NE 15th Avenue

3. Mailing Address
Pano

Suite, Apt. #, etc.
FL

Suite, Apt. #, etc.

02172005 Chg-P CR2E034 (10/03)

City & State
Fort Lauderdale FL

City & State
FL

Zip
33304

Country
USA

Zip
33304

Country

4. FEI Number
65-0887343

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPANN, RONALD T
2301 NE 16TH AVE
WILTON MANORS, FL 33305-2405

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	P SPANN, RONALD T 2995 NE 15TH TR OAKLAND PARK, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARSHALL, GUY J 1200 NE 12TH AVE FT LAUDERDALE, FL 333041717 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHAN, STEPHEN D 1105 WESTLAKE STREET HOLLYWOOD, FL 330190000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPANN, LORRAINE M #401 CARIBE 4050 OCEAN DR LAUDERDALE BY THE SEA, FL 333080000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **2/22/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25