

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90120 050 ***150.00

DOCUMENT # P99000019017

1. Entity Name
AMAZING EVENTS & PROMOTIONS, INC.



Principal Place of Business Mailing Address
2645 DUNDEE ST. 12703 Royal George Ave PO BOX 1312
TAMPA, FL 33629 Odessa FL 33556 TAMPA, FL 33601-1312

DO NOT WRITE IN THIS SPACE

03122006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3560244 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LYONS, CATHERINE J
2645 S. DUNDEE ST. 12703 Royal George Ave
TAMPA, FL 33629 Odessa FL 33556

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|-----------------|--|
| TITLE | D |
| NAME | LYONS, CATHERINE J |
| STREET ADDRESS | 2645 DUNDEE ST. 12703 Royal George Ave |
| CITY - ST - ZIP | TAMPA, FL 33629 Odessa FL 33556 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
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| CITY - ST - ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Catherine J Lyons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06 813-966-5505
Date Daytime Phone