

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000020520

Entity Name: AMSERV, INC.

FILED
Apr 25, 2006
Secretary of State

Current Principal Place of Business:

C/O AMCOMP INCORPORATED
701 U.S. HWY. ONE STE. 200
N. PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

C/O AMCOMP INCORPORATED
701 U.S. HWY. ONE STE. 200
N. PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 65-0915202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, GEORGE
11380 PROSPERITY FARMS ROAD
SUITE 201
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CERRE-RUEDISILI, DEBRA
Address: 701 U.S. HIGHWAY ONE, SUITE 200
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: S () Delete
Name: MISIASZER, MELODY A.
Address: 701 U.S. HIGHWAY ONE, SUITE 200
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: CD () Delete
Name: LOWE, FREDERICK R
Address: 701 U.S. HIGHWAY ONE, SUITE 200
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: AS () Delete
Name: BALDO, MARY
Address: 701 U.S. HIGHWAY ONE, SUITE 200
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VT () Delete
Name: GURSAHANEY, KUMAR
Address: 701 U.S. HIGHWAY ONE, SUITE 200
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: V () Delete
Name: FAILLACI, ANTONIO
Address: 701 U.S. HIGHWAY ONE, SUITE 200
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: MISIASZEK, MELODY A.
Address: 701 U.S. HIGHWAY ONE, SUITE 200
City-St-Zip: NORTH PALM BEACH, FL 33408

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

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

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 Chapter 119, 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: MELODY A MISIASZEK

S

04/25/2006

Electronic Signature of Signing Officer or Director

Date