

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000049974

FILED
Jan 27, 2005
Secretary of State

Entity Name: A & M AUXILIARY POWER SPECIALISTS, INC.

Current Principal Place of Business:

2149 BRIGHTON BAY TRAIL WEST
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 12526
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-3584607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: PTD () Delete
Name: MCLEOD, HAROLD E
Address: 2149 BRIGHTON BAY TRAIL WEST
City-St-Zip: JACKSONVILLE, FL 32246

Title: SVD () Delete
Name: ANDERSON, DANIEL M
Address: 2149 BRIGHTON BAY TRAIL WEST
City-St-Zip: JACKSONVILLE, FL 32246

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: HAROLD E. MCLEOD

PRES

01/27/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date