## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2007 08:00 AM Secretary of State

Fee Required

AINOAL REPORT				
DOCUMENT # P9900057586  1. Entity Name AMERICAN MARINE UPHOLSTERY, INC.				
Principal Place of Business 6003 17TH ST EAST UNIT A&B BLDG 3 BRADENTON, FL 34203	Mailing Address 6003 177H ST EAST UNIT A& BRADENTON, FL 34203	6003 17TH ST EAST UNIT A&B BLDG 3		



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01312007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired □ \$8.75 Additional

DO MOT MOITE

ROBERTS, BRUCE F 7753 STATE RD. 72 SARASOTA, FL 34241  8. The above named entity submits this statement for the purpose of changing its registered office		DO NOT WRITE IN THIS SPACE	
the obligations of registered agent.  SIGNATURE			
Signature, typed or printed name of registered agent and title if  FILE NOWIN FEE IS \$150.00  After May 1, 2007 Fee Will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be	DATE
10. OFFICERS AND DIRECT ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SJ-ZIP TITLE NAME STREET ADDRESS CITY-SJ-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTORS		000000704439 04/23/07-80011-007 150.00 OT WRITE IS SPACE
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this fill indicated on this report or supplemental report is true a of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with all	ing does not qualify for the exemptions con accurate and that my signature shall his to execute this report as required by Chaotter key propowers.	ontained in Chapter 119, Florid ave the same legal effect as if n pter 607, Florida Statutes; and	a Statutes. I further certify that the information nade under oath: that I am an officer or director that my name appears in Block 10 or Block 11 if

SIGNATURE!

SIGNATURE AND ROBER OF PRINTED NAME OF BIGHING OF DEER OR DIRECTOR

Date Deyume Phone #