## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 17, 2006 08:00 AM Secretary of State DOCUMENT # P99000095054 1. Entity Name AMTÉL SOUTH, INC. Mailing Address Principal Place of Business 4530-18TH AVE NE 4530-18TH AVE NE NAPLES, FL 34120 NAPLES, FL 34120 No Chg-P CR2E034 (11/05) 02102008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3605487 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent IVEY, CAROLE J DO NOT WRITE 4530 18TH AVE NE NAPLES, FL 34120 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, typed or printed name of repistered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE IVEY, CAROLE J NAME U00<u>0</u>00437843 STREET ADDRESS 4530 18TH AVE NE NAPLES, FL 34120 CITY-ST-ZIP TITLE IVEY, JAMES E SR NAME STREET ADDRESS 4530 18TH AVE NE CITY-ST-ZIP NAPLES, FL 34120 me RENNINGER, CHRISTIAN P MAME 4530 18TH AVE NE STREET ADDRESS DO NOT WRITE CUTY-ST-ZIP NAPLES, FL 34120 IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

2-15-06

239.304.5215

Daytime Phone #

**FILED**