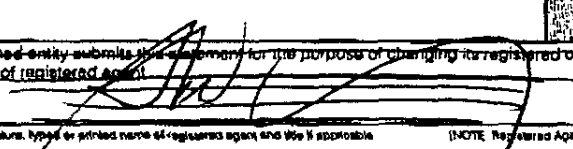
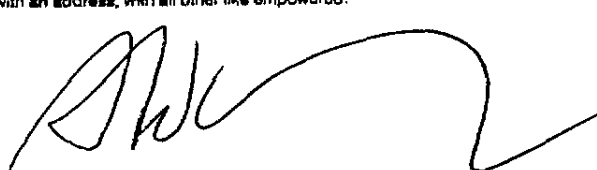


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # S47953		
1. Entity Name AMADEAS LEGAL PUBLISHING, INC.		
Principal Place of Business P.O. BOX 6261 TITUSVILLE, FL 32782-6261 US		Mailing Address P.O. BOX 6261 TITUSVILLE, FL 32782-6261 US
U000000156218 05/05/04-80068-008 150.00		
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent ERLENBACH, SUSAN KW 2532 GARDEN ST TITUSVILLE, FL 32796		04232004 No Chg-P CR2E034 (10/03) 4. FEI Number 59-3065171 Applied For Not Applied 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
2. 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  DATE _____ Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when registering)		
FILE MONTHLY FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ERLENBACH, KURT 3840 ROSEHAVEN PL TITUSVILLE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST ERLENBACH, SUSAN 3640 ROSEHAVEN PL TITUSVILLE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ERLENBACH, SUSAN 3640 ROSEHAVE PL TITUSVILLE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS 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 filing does not qualify 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 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 changed, or on an attachment with an address, with all other like empowered.		

SIGNATURE:

430-01