2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 04, 2007 8:00 am
Secretary of State
05-09-2007 90107 045 ***150.00

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1. Entity Name
AMADEAS LEGAL PUBLISHING, INC.

66017674

Principal Place of Business	Mailing Address
P.O. BOX 6261 TITUSVILLE, FL 32782-6261 US	P.O. BOX 6261 TITUSVILLE, FL 32782-6261 US

04212007 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3065171
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ERLENBACH, SUSAN KW
2532 GARDEN ST
TITUSVILLE, FL 32796

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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 _____ 4/27/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ERLENBACH, KURT
STREET ADDRESS	3640 ROSEHAVEN PL
CITY-ST-ZIP	TITUSVILLE, FL
TITLE	VST
NAME	ERLENBACH, SUSAN
STREET ADDRESS	3640 ROSEHAVEN PL
CITY-ST-ZIP	TITUSVILLE, FL
TITLE	D
NAME	ERLENBACH, SUSAN
STREET ADDRESS	3640 ROSEHAVE PL
CITY-ST-ZIP	TITUSVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: Kurt Erlenbach 5/30/07 3217646000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #