

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90207 025 ***150.00

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03302005 Chg-P CR2E034 (10/03)

DOCUMENT # S58076 1. Entity Name AMEURCO MANAGEMENT, INC.																																									
Principal Place of Business 4300 W CYPRESS ST STE 1075 TAMPA, FL 33607 US			Mailing Address 4300 W CYPRESS ST STE 1075 TAMPA, FL 33607 US																																						
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																							
City & State Zip		City & State Zip		4. FEI Number 98-0124413																																					
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																					
6. Name and Address of Current Registered Agent AMEURCO MGMT INC. 4300 W CYPRESS ST STE 1075 TAMPA, FL 33607				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																						
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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 11 if changed, or on an attachment with an address, with all other like empowered.																																									
SIGNATURE: <u>Michael E. Spiker</u> 4/22/05 813-353-8800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																									