

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S94827

FILED
Jan 08, 2007
Secretary of State

Entity Name: ARCHIVES MANAGEMENT CENTERS, INC.

Current Principal Place of Business:

3209 SW 42ND AVE
PALM CITY, FL 34990 US

New Principal Place of Business:

Current Mailing Address:

3209 SW 42ND AVE
PALM CITY, FL 34990 US

New Mailing Address:

FEI Number: 65-0300008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POSTON, DALE A
3209 SW 42ND AVENUE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PYNE, KATHERINE B
Address: 3209 SW 42ND AVE
City-St-Zip: PALM CITY, FL 34990

Title: VP () Delete
Name: POSTON, DALE A
Address: 3209 SW 42ND AENUE
City-St-Zip: PALM CITY, FL

Title: S () Delete
Name: PYNE, KATHERINE B
Address: 3209 SW 42ND AVENUE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: PYNE, KATHERINE B
Address: 3209 SW 42ND AVE
City-St-Zip: PALM CITY, FL 34990

Title: P (X) Change () Addition
Name: POSTON, DALE A
Address: 3209 SW 42ND AENUE
City-St-Zip: PALM CITY, FL

Title: S/T (X) Change () Addition
Name: WIEHL, ED
Address: 3209 SW 42ND AVENUE
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE A. POSTON

P

01/08/2007

Electronic Signature of Signing Officer or Director

Date