

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S94827

**FILED**  
**Jan 11, 2010**  
**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 P  
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:** CEO  
**Name:** PYNE, KATHERINE B  
**Address:** 3209 SW 42ND AVE  
**City-St-Zip:** PALM CITY, FL 34990

**Title:** P  
**Name:** POSTON, DALE A  
**Address:** 3209 SW 42ND AENUE  
**City-St-Zip:** PALM CITY, FL 34990

**Title:** S/T  
**Name:** WIEHL, ED  
**Address:** 3209 SW 42ND AVENUE  
**City-St-Zip:** PALM CITY, FL 34990

I hereby 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 all other like empowered.

**SIGNATURE:** DALE A. POSTON

PRES

01/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date