


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # 365064

1. Entity Name
AMERICAN CANVAS PRODUCTS CORP.



Principal Place of Business
**5108 N. NEBRASKA AVE.
 TAMPA, FL 33603**

Mailing Address
**P O BOX 17567
 TAMPA, FL 33682-7567**

DO NOT WRITE IN THIS SPACE



04012007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1295288

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**STARK, JAY SCOTT III
 5110 N. NEBRASKA AVE.
 TAMPA, FL 33603**

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	PCD STARK, JAY S 5110 N NEBRASKA AVENUE TAMPA, FL 336032363
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STARK, VALERIE J 5110 N NEBRASKA AVENUE TAMPA, FL 336032363
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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 another like empowered.

SIGNATURE:  **Jay S. Stark** **3-30-07** **813-247-4475**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone