2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P37274

1. Entity Name
AMERICAN FOLIAGE INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
2624 JUNCTION RD ZELLWOOD, FL 32798 US	2624 JUNCTION RD ZELLWOOD, FL 32798 US

01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3101969
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AMERICAN FOLIAGE INT'L
2624 JUNCTION ROAD
ZELLWOOD, FL 32798-5488

DO NOT WRITE IN THIS SPACE

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: Nancy Spradlin 1-24-05
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, 2005 Fee will be $550.00

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

U00000199292
01/27/05-80085-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CLAY, LANDON T
STREET ADDRESS	742 OLD DUBLIN ROAD
CITY-ST-ZIP	HANCOCK, NH
TITLE	D
NAME	CLAY, LAVINIA D
STREET ADDRESS	8880 NW 24 TERRACE
CITY-ST-ZIP	MIAMI, FL
TITLE	OM
NAME	SPRADLIN, NANCY
STREET ADDRESS	2624 JUNCTION RD
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Nancy Spradlin 1-24-05 407-886-8660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #