2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# F05000003017

Entity Name: AMERICAN INKS AND COATINGS COMPANY

Current Principal Place of Business:

101-A SOUTH OAK STREET
SHERIDAN, AR 72150

New Principal Place of Business:

Current Mailing Address:

101-A SOUTH OAK STREET
SHERIDAN, AR 72150

New Mailing Address:

PO BOX 476
SHERIDAN, AR 72150

FEI Number: 20-2172001 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: MOSLEY, JERRY L
Address: 101-A SOUTH OAK STREET
City-St-Zip: SHERIDAN, AR 72150

Title: VCVC ( ) Delete
Name: MOSLEY, MICHAEL L
Address: 101-A SOUTH OAK STREET
City-St-Zip: SHERIDAN, AR 72150

Title: VCVC (X) Delete
Name: BAKER, MITCHELL W
Address: 101-A SOUTH OAK STREET
City-St-Zip: SHERIDAN, AR 72150

Title: STVC (X) Delete
Name: MOSLEY, MARGARET H
Address: 101-A SOUTH OAK STREET
City-St-Zip: SHERIDAN, AR 72150

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: MOSLEY, JERRY L
Address: 101-A SOUTH OAK STREET
City-St-Zip: SHERIDAN, AR 72150

Title: COO (X) Change ( ) Addition
Name: MOSLEY, MICHAEL L
Address: 101-A SOUTH OAK STREET
City-St-Zip: SHERIDAN, AR 72150

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROB RAEKE, CONTROLLER CONT 05/01/2007

Electronic Signature of Signing Officer or Director Date