## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT #220323**

AMERICAN WAREHOUSE AND TERMINAL



**FILED** Jan 29, 2007 8:00 am Secretary of State 01-29-2007 90099 026 \*\*\*150.00

CORPORATION			1	
Principal Place of Business	Mailing Address			
1805 CROWN WAY P. O. BOX 7126 ORLANDO, FL 32804	P. O. BOX 7126 ORLANDO, FL 32804		1106/16 110/16 110/16 10/16 11/16 11/16 11/16	NEN ENDY ENEN ENEN ENEN ENEREDEN NOO
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	_ · <del>_</del> _ <del> </del>		<u> </u>
Suite, Apt. #, etc.	Suite, Apr. #, etc.		01112007 Chg-P	CR2E034 (12/06)
City & State	City & State		4. FEI Number 59-0881669	Applied For Not Applicable
Zip y Country	Zıp	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current	Registered Agent	Name 🗸	7. Name and Address of New Re	gistered Agent
COULANTES,N PO BOX 7126 1805 CROWN WAY ORLANDO, FL 32804  8. The above named entity submits this statement to	or the purpose of changing its	Street Address  City  registered office or registe	PS Crown W	ay FL Zip Code 32 fey
the obligations of registered agent.			-	
SIGNATURE Signature typed or printed name of registered agent	and title d applicable (NOTE	Registered Agent signature require	ed when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.0	9. Election Campai Trust Fund Contr		5.00 May Be ded to Fees	
10. OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFIC	
NAME COULANTES, N.N STREET ADDRESS 1805 CROWN WAY ORLANDO, FL 32804	☐ Delete	TITLE NAME STREFT ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE STD NAME WHEELER, C J STREET ADDRESS 1805 CROWN WAY CITY-ST-ZIP ORLANDO, FL 32804	☐ Delete	TITLE NAME STREET ADDRESS CHY ST-ZIP		☐ Change ☐ Addition
IITLE P  NAME COULANTES, N N  STREET ADDRESS 1805 CROWN WAY  ORLANDO, FL 32804	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE VPD NAME COULANTES, P STREET ADDRESS 1805 CROWN WAY CITY-ST-ZIP ORLANDO, FL 32804	☐ Delete	TITLE NAMC STREET ADDRESS CITY ST-ZIP		☐ Change ☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
INTLE ; NAME . STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change ☐ Addition

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 recuired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an oddress, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAN 21 2007

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