

04-18-2005 90281 005 ***150.00

DOCUMENT # 365064

1. Entity Name
AMERICAN CANVAS PRODUCTS CORP.



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

Mailing Address
PO BOX 17567
TAMPA, FL 33682-7567

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1295288

Applied For
Not Applicable

5. Certificate of Status Desired

04132005

Chg-P

CR2E034 (10/03)

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STARK, JAY SCOTT III
5110 N. NEBRASKA AVE.
TAMPA, FL 33603

7. Name and Address of New Registered Agent

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

PCD
STARK, JAY SCOTT III
1908 W MEADOWBROOK AVE
TAMPA, FL 33612

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

VSD
STARK, VALERIE J
1908 W MEADOWBROOK AVE
TAMPA, FL 33612

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

PCD
STARK, JAY S.
5110 N. Nebraska Avenue
TAMPA, FL 33603-2363

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

VSD
STARK, VALERIE J.
5110 N. Nebraska Avenue
TAMPA, FL 33603-2363

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

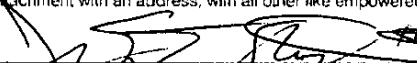
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

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CITY- ST- ZIP

☐ Change ☐ Addition

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:  Jay Scott Stark III 4/14/05 247-4475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #