


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2005 8:00 am
Secretary of State

06-02-2005 90001 016 ***150.00

DOCUMENT # F01000000513 1. Entity Name AMERICAN PROMOTIONAL EVENTS, INC. - EAST	
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Principal Place of Business 4511 HELTON DRIVE FLORENCE, AL 35633	Mailing Address 4511 HELTON DRIVE FLORENCE, AL 35633
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50053185



04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-0813092	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C.T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD ANDERSON, TERRENCE C 4511 HELTON DRIVE FLORENCE, AL 35633
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GLASGOW, TOMMY 4511 HELTON DRIVE FLORENCE, AL 35633
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V YU, PETER 4511 HELTON DRIVE FLORENCE, AL 35633
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD PALME, JOHN 4511 HELTON DRIVE FLORENCE, AL 35633
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V EVANS, FRANK 4511 HELTON DRIVE FLORENCE, AL 35633
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PENDERGRASS, KATHIE 4511 HELTON DRIVE FLORENCE, AL 35633

**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 officers empowered.

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

5-2-05 **256-764-9901**
Date Daytime Phone #