

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 08:00 A
Secretary of State

DOCUMENT # F01000000513

1. Entity Name
AMERICAN PROMOTIONAL EVENTS, INC. - EAST



Principal Place of Business
4511 HELTON DRIVE
FLORENCE, AL 35633

Mailing Address
4511 HELTON DRIVE
FLORENCE, AL 35633



05122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-0813092

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

**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

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

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

000000565505

05/20/06-80136-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #