


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

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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01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-0813092	Applied For Not Applicable
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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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U00000589937
01/18/07-80036-023 150.00**

10. OFFICERS AND DIRECTORS

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