


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000003789	
1. Entity Name ACB AMERICAN, INC.	

Principal Place of Business 823 SCOTT STREET COVINGTON, KY 41011	Mailing Address 823 SCOTT STREET COVINGTON, KY 41011
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DO NOT WRITE IN THIS SPACE

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01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
31-0650924

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COOLEY, DICK
3907 SABAL SPRINGS BLVD.
N. FT MYERS, FL 33917

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 resigning) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FAETH, SUSAN
STREET ADDRESS	823 SCOTT STREET
CITY-ST-ZIP	COVINGTON, KY
TITLE	VS
NAME	FAETH, ANTHONY
STREET ADDRESS	823 SCOTT STREET
CITY-ST-ZIP	COVINGTON, KY
TITLE	V
NAME	FAETH, MICHAEL
STREET ADDRESS	823 SCOTT STREET
CITY-ST-ZIP	COVINGTON, KY
TITLE	V
NAME	DUNN, RANDALL
STREET ADDRESS	823 SCOTT STREET
CITY-ST-ZIP	COVINGTON, KY
TITLE	T
NAME	MASON, MICHELLE
STREET ADDRESS	1901 NORTH BECKLEY STATION RD
CITY-ST-ZIP	LOUISVILLE, KY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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UD0000296821
04/11/05-80002-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Susan Faeth  (859) 261-8745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #